What happens now?

The information that you provide in this feedback form is confidential and will be used to improve our services.

Providing feedback does not negatively influence any future services you receive from VincentCare.

It is your right to remain anonymous, however if you would like staff to follow up with you personally please provide your name and/or contact details.

Once you have completed this form, simply place it in the service suggestion box located in the reception area of the service.

OR

Email: to clientvoice@vincentcare.org.au
ATT: Quality Team

VincentCare Victoria

VincentCare Victoria is committed to ensuring that the services we provide are done professionally, respectfully and compassionately.

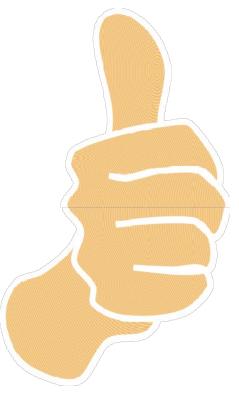
As a client of VincentCare Victoria your feedback is important us.

We like to know what we did well, and what we can do better. Any suggestions are welcome.

We are committed to the principles of social justice and aim to ensure every individual is treated with dignity and respect regardless of their cultural background, disability, ethnicity, gender identity, sexual orientation or religion.



Client Feedback Form







VincentCare Victoria - Client Feedback Form

Service or Progra	m		Date
Name (Optional)			
Please write your comment	s below. If you need assistance, μ	please contact a staff member	
riease write your comment	s below. If you fleed assistance, p	olease contact a stail member.	
(attach additional sheets as r	equired)		
Office Use Only:			
Date received	Date Registered	Complaint Register and	SCR note completed Yes / No
We are committed to the princ	ples of social justice and aim to ensure background, disability, ethnicity, ge	every individual is treated with dignity nder identity, sexual orientation or reli	and respect regardless of their cultural igion.