

## Feedback, Compliments & Complaints form

We welcome feedback from you regarding any aspect of care provided by GCCS. Please complete the form below. The more information we have the better we are able to address your concern. Please leave blank any sections you do not want to complete.

Email this form to: <a href="mailto:goldcoastcareservices@gmail.com">goldcoastcareservices@gmail.com</a></a>
Or by hand to the house coordinator

Name	Date:				
Phone:	Email:				
Preferred method of contact					
The type of response is:	Compliment Complaint Feedback				
This form is being lodged by	Name and relationship to Participant				
Details:					
Details.					
Is there an outcome you are seeking? Please give details					

## Feedback, Compliments & Complaints form

## **OFFICE USE ONLY**

Date feedback received	Da	Date feedback acknowledged		
Authoritation				
Action taken:				
Outcome:				
Feedback provided to the	Verbally	In writing	Meeting	Other
respondent				
Completed by Signatu		e Date		
	!			
Comments				