



Feedback Form

Please feel free to provide us with your feedback by either passing your form onto a member of staff or returning via post to PO BOX Redcliffe 395 QLD 4020.

About You— *This is optional but makes it easier for us to response to you personally*

Name: _____
Address: _____
Contact Number (s): _____
Email: _____

About Our Services—*What would you like to provide feedback to us about?*

Area: _____
Program or Activity: _____

About Your Feedback—*What would you like to share with us?* Date: _____

Would you like this treated confidentially? Yes please No not necessary

About Our Response—*Is there anything in particular you think we should do?*

Would you like a formal response from us? Yes please No not necessary

Office Use Only

Date Received: _____ Log Number*: _____
Receiving Officer: _____ Position: _____

Inspiring healthy & happy living