
HELPING HEROES

REHABILITATION SERVICE

FEEDBACK FORM

This form is to assist you in providing feedback to our organisation. **Please be assured that all information is strictly confidential.**

If you feel unsure about anything or would like help to complete this form, please speak to the State Manager. We encourage you to provide your feedback in writing and will respond as soon as possible, where required.

FEEDBACK DETAILS

The information provided below will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name _____
Address _____ Post Code _____
Email _____
Contact Number _____ Mobile _____
Relationship to Client _____

CLIENT DETAILS (if different)

Name _____
Address _____ Post Code _____
Email _____
Contact Number _____ Participant Number _____

DETAILS OF THE FEEDBACK

The feedback is related to:

- Employee of the organisation Service Delivery Specific Incident

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What are the details of the feedback?

Where did it happen?

When did it happen?

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Who was involved? (List all persons involved and witnesses if applicable)

Any other relevant details

Have you discussed the feedback with the person/s involved? Yes No

How would you like to see your feedback utilised? What action would you like the organisation to take if any?

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[Additional information/supporting documentation](#)

Please attach copies (not the original) of any documents that may help us to manage the feedback.

Please date and sign this form and return to Helping Heroes for further investigation.

Signature _____ Date _____