

Feedback Form

Lutheran Care (LC) is committed to providing the highest level of service. Your feedback is important to us and will be used to improve our service delivery to our valued clients. Please complete this form to register your feedback about your experience at LC.

This form is to be sent to the LC Site/Program Manager

Date:/...../....

First Name:

Surname:

Telephone: **Email:**

Address:

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Details of feedback:

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Signature:

LC office use only Follow-up Action:

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Recorded on secure data base: Yes/No

Reference Number:

Name of staff member:

Position held and contact details:

Please remember that a printed document is uncontrolled (e.g. it may be out of date) so always refer to the Information Centre for the latest version of this document

Signature:

Date:

Manager Advised: Yes/No Date.....