

TELL US WHAT YOU THINK

	/ontionally
	Staff member on behalf of a client Other
	Staff member
	Family member/representative
	Client
 Are yo	u a –
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•••••	
•••••	
•••••	
the Su	ggestion Box at the office.
Centre	staff person. You can also post it to us at PO Box 66 Lakemba NSW 2195 or place in
you th	ink and give this form to your Support Worker or any Canterbury City Community
We va	lue your comments and suggestions for improving our service so please tell us what

Action Plan	Who	By When	Date Completed
CLOSURE Evaluation (If appropriate, describe how action/improve. result):	ments were	evaluated	and the
		••••••	•••••
	•••••	••••••	•••••
Outcome or end result: (Tick applicable boxes)			
The second set of the second s			
☐ Issue resolved - no improvements implemented			
Improvement implemented			
			•••••
Improvement implemented			
☐ Improvement implemented ☐ Other (Describe)			
☐ Improvement implemented ☐ Other (Describe)			