

AWAHS Client Feedback Form



Albury Wodonga
Aboriginal Health Service

Your feedback is valuable in helping AWAHS to understand areas for improvement, to ensure a better health facility for all. It's also a great opportunity to share with us what we're already doing well! All feedback is considered and provides opportunity for clients to actively participate in their health care service.

Thank you for taking the time to complete this feedback form. Completed forms can be posted to AWAHS or left with our team at the Administration desk.

First Name _____ **Surname** _____

Phone _____ **Email** _____

How did you find out about our services?

Website Social media Community Other _____

Please select your feedback type:

Compliment Feedback Improvement Issue or Concern

Complaint - *to make a complaint please see an AWAHS staff member or Administration for a separate form.*

Which service site did you visit?

Glenroy clinic Wodonga clinic Wangaratta Clinic Outreach service
 AWAHS event Visiting provider Other site

Who did you visit?

Allied Health Nurse Doctor Reception/Admin.
 SEWB Team Men's Shed Women's Group Transport
 Dental Child & Family Health Other _____

Did you use AWAHS transport services to attend your appointment?

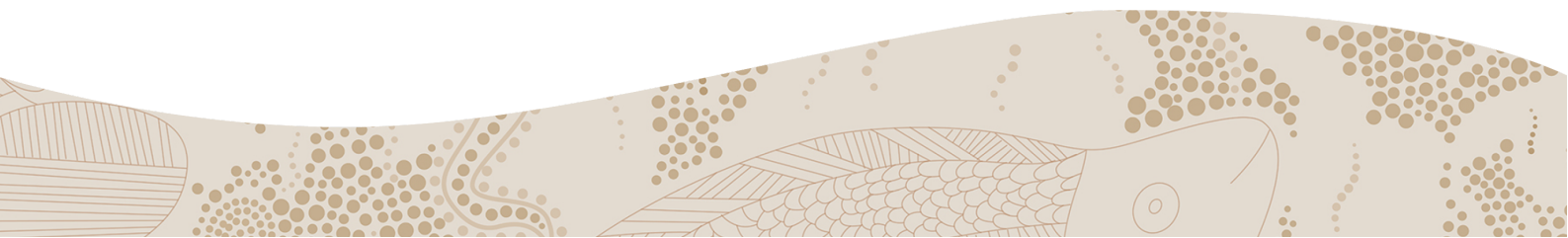
Yes No

Rate our facilities:

Excellent Good Average Poor

How did you know about the AWAHS feedback process?

Posters AWAHS website AWAHS staff member Social media
 Service brochure Prior knowledge/experience Other _____



AWAHS Client Feedback Form - continued

What do you think AWAHS could do to improve?

How did you find out about our services?

- Website Social media Community Other _____

How helpful/supportive were the AWAHS staff?

- Extremely Very Fine Not very Not at all

Would you like to be contacted in regards to this feedback?

- Yes No

How would you like to be contacted in relation to this feedback?

- Phone Email Letter

Additional comments or suggestions:

Thank you for your feedback!

