**Feedback Form**

**About this Form:**

If you believe that your experience with Parramatta Mission, or any of its services, has met or even exceeded your expectations, or if there is something you would like to let us know, you can do so verbally by discussing this with any staff member you feel comfortable talking to, or by contacting Parramatta Mission’s Consumer/Carer Representatives on the details below:

**Consumer Representative**

Mobile- 0438 639 795

Email - [Consumer.rep@parramattamission.org.au](mailto:Consumer.rep@parramattamission.org.au)

**Carer Representative**

Mobile- 0478 405 607

Email- [Carer.rep@parramattamission.org.au](mailto:Carer.rep@parramattamission.org.au)

Alternatively, you can complete the attached Feedback Form and send this to us.

**Completing this Form**

If you are a member of staff, and you are filling out this form following receipt of verbal feedback, or at the request of a Consumer/Carer or a member of the public, you must ensure that you note this on the form.

Please complete all fields in this form. You may also attach additional if required.

**Submitting this Form**

Please submit this completed form and any additional information to Parramatta Mission by email to [Feedback@parramattamission.org.au](mailto:Feedback@parramattamission.org.au)

***Or***

Mail us the completed form and any additional information to Parramatta Mission:

PO BOX 54 Oatlands 2117

**About you**

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| **Full Name** | Click here to enter text. | | |
| **What service/program is the feedback related to?** | Click here to enter text. | **Date** | Click here to enter a date. |

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| **Have you provided this feedback to a member of staff or the Parramatta Mission Consumer/Carer Representative?** | No |
| Yes. Please provide name of whom you spoke to Click here to enter text. |
| **Are you a member of staff filling out this form following receipt of verbal feedback?** | No |
| Yes. Please provide the name or details of the person who provided this feedback  Click here to enter text. |

**Please add information regarding your feedback in the box below.**  
Please be as specific as possible, including any relevant names, locations, dates and times.

You may wish to attached additional documents

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**How would you like Parramatta Mission to respond to your feedback?**

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| **How can we improve this document?**  If you can identify opportunities for us to improve this document, please email [quality@parramattamission.org.au](mailto:quality@parramattamission.org.au). This request will be logged in our Continuous Improvement Register. Please include the document reference number in your email and specific details about how we can improve the document. |