



Compliments, Complaints and Suggestions

Your experience with MIFWA and feedback regarding this is important to us to ensure that we are constantly able to monitor and improve our services. We would appreciate your thoughts and any suggestions you have that would assist us in making improvements in the way that we work with you and/ or your family.

Please complete this form and give to the MIFWA worker involved with you/ your family, or send to PO Box 1947 Midland DC, WA, 6936.

Please Tick:

This is a:		
Compliment <input type="checkbox"/>	Complaint <input type="checkbox"/>	Suggestion <input type="checkbox"/>

Please Tick:

I am a:		
Participant <input type="checkbox"/>	Parent <input type="checkbox"/>	Service Provider <input type="checkbox"/>
Member of the public <input type="checkbox"/>	Other <input type="checkbox"/>	Please specify: _____ _____

Please tell us about your experience with MIFWA:



Please share your suggestions with us on how MIFWA may be able to improve our service to you:

Please fill out your Details Below:

Name: _____	Contact Number: _____
Postal Address: _____ _____	
E mail address (if preferred): _____	
You are able to give your feedback anonymously, however please note that in this instance MIFWA will be unable to offer you feedback.	

****Please Note****

Confidentiality

Your personal information and details will remain confidential. This information will be used for the purposes of service improvement and may be discussed within the MIFWA Organisation to assist in the planning of our services.

Many thanks for taking the time to complete this form. We appreciate your feedback and will review the information you have provided and offer feedback where appropriate.

Received by: _____	Position: _____	Date: _____
Feedback Provided by: _____	Date: _____	
Please provide details of feedback given and action taken and attach to this form		