

FEEDBACK FORM

We welcome all feedback to ensure the services we provide our clients and residents are of the highest possible quality.

What type of feedback are you providing?
[]General Feedback []Complaint []Compliment
What is your relationship to Ngwala? [] Past or present Ngwala client/resident Your name: [] [] Friend or family member of a client/resident Client/resident's name [] [] Other (please specify): [] Prefer not to say
Please add your phone number or email address if you wish to be contacted to discuss your feedback. We will be in touch within three business days.
Which location or service does your feedback relate to? [] Yitjawudik [] Winja Ulupna [] Galliamble [] AOD Outreach Services [] Homelessness Services [] Family Violence Program [] Clinical Services Unit Your Feedback:



Ways to submit this form:

Hand it to a Ngwala staff member
Email to reception@ngwala.org.au
Post it to:
Ngwala Willumbong Aboriginal Corporation
Attn: Quality Manager

Attn: Quality Manager 93 Wellington Street St Kilda VIC 3182

In accordance with all relevant government Acts and Ngwala policies, your personal information will remain confidential. If you are not satisfied with the handling of your complaint, you can find more information about your options or lodge a compliant with the Health Complaints Commissioner at: www.hcc.vic.gov/about-complaints

FURTHER SUPPORT:

Lifeline: 13 11 14

DirectLine: 1800 888 236 BeyondBlue: 1300 224 636