



NORTHERN ILLAWARRA NEIGHBOUR AID INC.

We welcome your feedback.

Our service is committed to providing high quality care and services and meeting your needs.

We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

This is a compliment complaint comment

I am a care recipient family member representative
 staff member staff member on behalf of care recipient
 other: _____

I receive the following service/assistance

- Individual transport Meals Café Club
 Group transport Social Support

Feedback

Follow up (optional)

Please provide your details if you would like us to contact you about your feedback.

Name: _____

Phone / email: _____

Thank you for taking the time to provide feedback about our service.

Please place completed form in the drop box located at
18 Walker Street, Helensburgh
Or post to: Po Box 394, Helensburgh NSW 2508