

Feedback Form



Are you a person with a disability? YES / NO (please circle)

Are you a parent or carer of a person with a disability? YES / NO (please circle)

How were you treated by VALID staff? (please circle)

very happy	happy	? not sure	unhappy	very unhappy
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Were the staff helpful? (please circle)

yes	no	? not sure
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How did you find out about VALID? (please circle)

website	someone told me	? Not sure
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Would you recommend VALID to other people? (please circle)

yes	no	? not sure
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Do you have any other things to say?

Please write in the box on the back of this page.

Name (Optional)

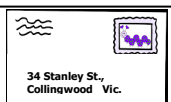
Date

Thank you for taking the time to provide us with your feedback.

We strive for excellence in advocacy and your feedback helps makes our service better.

You can send the form back to us via.

MAIL or drop in to VALID Office
34 Stanley St Collingwood 3066



EMAIL to
info@valid.org.au



Do you have any other things to say? Please write in the box below



A large rectangular box containing ten horizontal rows of dotted lines, intended for writing feedback.

You can talk to someone about your feedback also.



Your feedback can be good or bad, which is okay.



Phone: 03 9416 4003

