Clare OSHC
A Vital Link in Education and Caring

This form has been designed to bring to our attention areas of concern or interest while working at the Clare OSHC service. We value the information recorded and will ensure all matters are acted upon. Information will be used to provide feedback to our service, maintain & improve services offered as well as help us to identify areas for continuing improvement associated with accreditation practices.

Name: ____________________
Date: ____________________

Type of feedback [Please tick a star]:
Compliment ★
Complaint ★
Suggestion ★

Details: (Please attach additional information if necessary)
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OFFICE USE ONLY
Date received: ____________

Received by: ____________

Referred to: ____________

FOLLOW UP INFORMATION
Action:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date to be reviewed: (if required) ____________

Reviewed by: (if required) ____________

Signed: ____________