



# 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:

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Date to be reviewed: (if required) \_\_\_\_\_

Reviewed by: (if required) \_\_\_\_\_

Signed: \_\_\_\_\_