



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)

OFFICE USE ONLY

Date received: _____

Received by: _____

Referred to: _____

FOLLOW UP INFORMATION

Action:

Date to be reviewed: (if required) _____

Reviewed by: (if required) _____

Signed: _____