



## FEEDBACK FORM

Name of person providing Feedback:

Family Name: ..... Given Name: .....

Address: .....  
.....

Home Phone No: ..... Mobile: .....

Name of the program you are participating in: .....  
.....

Feedback: .....  
.....  
.....

### Please forward to:

#### **Manager or Committee of Management, Langwarrin Community Centre Inc.**

*It is our intention for all grievances to be acknowledged in writing within 5 working days of receipt and where possible a resolution reached within 30 working days.*

### **Office Use Only**

Received (date): .....

Is any action required:.....

Actioned By: Coordinator ☐ Manager ☐ COM ☐

Outcome/Action Taken (attach relevant documentation) .....  
.....  
.....

Feedback Provided: ☐ Date ..... Reported to COM ☐ Date .....

Signature: ..... Close Date:.....