



# FEEDBACK FORM

**HAVE YOUR SAY – to continue to improve our services we’d love to hear your feedback.**

Is there anything you’d like to share with us on your experience with ECHO?

Do you have a complaint you’d like to make?

Is there anything ECHO could do to improve our services?

Please provide details:

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Does your feedback relate to: (please circle)

Aged Care / Community Support / Emergency Relief / NDIS / Other

Name: (optional) ..... Date:.....

Do you wish to be contacted in relation to your feedback? Yes / No

If YES, please supply phone number: .....

Please return via PO Box 124, Malanda Qld 4885, or pop into the office and hand it to reception staff. Thank you for your contribution.

13-15 Eacham Place Malanda Qld 4883  
Ph 07 4096 6634  
[www.echomalanda.org.au](http://www.echomalanda.org.au)

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