



Feedback Form

Lutheran Community Care is committed to providing the highest level of service. Your feedback is important to us and will be used to improve our service delivery to our valued clients. Please complete this form and enclose in the provided 'Confidential' envelope to register your feedback about your experience at LCC. Return the sealed envelope to counter staff.

Send this form to:
LCC Feedback and Complaints Handling Manager,
PO Box 1020
PROSPECT EAST SA 5082
Or email to: feedback@lccare.org.au

Date:/...../.... **Your Name**.....

Contact details Telephone:..... **Email:**

Address:.....

Details of feedback.....

.....

Signature : Attach a separate sheet if required.

LCC office use only Follow-up Action:

Recorded on secure data base: Yes/No Registration Number:.....

Name of staff member:.....

Position held and contact details:

Signature:..... **Date:**

Manager Advised: Yes/No (circle) **Date:**.....