

意见反馈表

Feedback Form

欢迎提供反馈意见

We welcome your feedback

您有权以您偏好的语言填写此表格，或使用口译员协助。您可以要求服务机构的工作人员安排口译员协助您，或在以下的方框内打勾并展示给他们看。

You have the right to complete this form in your preferred language or have an interpreter to support you. You can ask a person who works at the organisation if you need an interpreter or tick the box below and show them.

我需要口译员协助

I need an interpreter

这是一则： 表扬 投诉 建议
This is a: Compliment Complaint Suggestion

我是： 住客 住客的家人 住客的/代表/护理人员 其他人士
I am a: Client Family member Representative/carer Other

我的反馈意见是关于： 员工 住客 所接受的服务 其他事项
My feedback is about a: Staff member Resident Services I am receiving Other

您的反馈（您可以用您偏好的语言填写。如需更多空间填写意见，可另纸或在此页背面填写）

Your Feedback (you can write in your preferred language. If you need more space to write your comments, you can add a page or write at the back of this page)

您希望您的反馈意见产生什么结果？（您可以用您偏好的语言填写。如需更多空间填写意见，可另纸或在此页背面填写）

What would you like to see happen as a result of your feedback? (you can write in your preferred language. If you need more space to write your comments, you can add a page or write at the back of this page)

您如果希望以匿名方式提供反馈，可将此表放入服务提供机构的意见收集箱或邮寄到：

If you want your feedback to be anonymous you can place it into a suggestion box at the service or post it to:

NeuroRehab Allied Health Network
PO BOX 25, DEER PARK, VIC 3023

跟进（可选项）

Follow up (optional)

您如果希望我们就有关反馈与您联系，请提供您的联系方式。所有反馈均被保密。

Provide your details if you would us to contact you about your feedback. All feedback is confidential.

姓名: _____

Name

电话: _____

Phone

电邮: _____

Email

反馈意见提交给服务提供机构后的处理流程：

Here is what to expect after your feedback is given to the service:

1. 确认接收到您的反馈

Your feedback is received and acknowledged

2. 如有需要，服务提供机构将联系您进一步讨论

If required, someone from the service will contact you to discuss further

3. 服务提供机构将利用您的反馈来学习如何改进服务

The service will use your feedback to learn how it can improve

感谢您花时间对我们的服务提供反馈意见。

Thank you for taking the time to provide feedback about our service.

Save completed form to your computer and email to feedback@nrah.com.au
or click 'Submit Form' if using Adobe Acrobat to complete (recommended).

SUBMIT FORM