

意見反饋表

Feedback Form

歡迎提供反饋意見

We welcome your feedback

您有權以您偏好的語言填寫此表格，或使用口譯員協助。您可以要求服務機構的工作人員安排口譯員協助您，或在以下的方框內打勾並展示給他們看。

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.

我需要口譯員協助

I need an interpreter

這是一項： 表揚 投訴 建議

This is a: Compliment Complaint Suggestion

我是： 住客 住客的家人 住客的代表/護理員 其他人士

I am a: Client Family member Representative/carer Other

我的反饋意見是關於： 員工 住客 所接受的服務 其他事項

My feedback is about a: Staff member Resident Services I am receiving Other

您的反饋（您可以用您偏好的語言填寫。如需更多空間填寫意見，可另紙或在此頁背面填寫）

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)

您希望您的反饋意見產生什麼結果？（您可以用您偏好的語言填寫。如需更多空間填寫意見，可另紙或在此頁背面填寫）

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饋，可將此表放入服務提供機構的意見收集箱或郵寄到：

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

跟進（可選項）

Follow up (optional)

您如果希望我們就有關反饋與您聯絡，請提供您的聯絡方式。所有反饋均被保密。

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

姓名: _____

Name

電話: _____

Phone

電郵: _____

Email

反饋意見提交給服務提供機構後的處理流程：

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

1. 確認接收到您的反饋

Your feedback is received and acknowledged

2. 如有需要，服務提供機構將聯絡您進一步討論

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

3. 服務提供機構將利用您的反饋來學習如何改進服務

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

感謝您花時間對我們的服務提供反饋意見。

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