



tell us what you think

please tell us if you are happy or not happy with our service or have an idea.



Talk to our staff



Call the Quality team on **9448 6102** during business hours



Email the Quality team at **feedback@cohealth.org.au**



Fill in a feedback form and put in the feedback box in waiting areas or give it to our staff



Write to us in your language:
cohealth Quality team
90 Maribyrnong Street
Footscray 3011

frequently asked questions

What happens with the feedback?

- We will look into what you say, and if requested, we will respond within 30 days.

Do I need to give my name?

- No, but if you would like to hear back from us, we need your name and contact information.

What if I'm not happy with the response to my feedback?

- You can phone the cohealth Quality team **9448 6102** or contact any of these services:
 - Health Complaints Commissioner **1300 582 113**
 - Mental Health Complaints Commissioner **1800 246 054**
 - Aged Care Quality and Safety Commission **1800 951 822**
 - Disability Services Commissioner, Victoria **1800 677 342**
 - NDIS Quality and Safeguards Commission **1800 035 544**
 - Commission for Children and Young People **1300 782 978**
 - Victims of Crime Commissioner **1800 010 017**
 - Office of the Victorian Information Commissioner **1300 006 842**

feedback form

این فرم به زبان فارسی موجود است. از کارکنان بخواهید یک نسخه از آن را در اختیارتان قرار دهند.
هذه الاستمارة متوفرة باللغة العربية. يمكنك أن تطلب الحصول على نسخة منها من أحد الموظفين.

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如需此表格的繁體中文版，請向職員索取

此表格有简体中文版本。請向工作人員索要一份复印件

Αυτό το έντυπο είναι διαθέσιμο στα Ελληνικά. Ζητήστε ένα αντίγραφο από το προσωπικό

Mẫu đơn này có sẵn bằng tiếng Việt. Hãy xin nhân viên một bản sao

ဤဖောင်ပုံစံကို ဖာစီဘာသာစကားဖြင့် ရရှိနိုင်ပါသည်။ ဝန်ထမ်းထံတွင် မိတ္တူတစ်စောင် တောင်းယူပါ

Questo modulo è disponibile anche in italiano. Chiedine una copia al personale

Unki (form) kun afaan Oromon jira. Hojjetaa gaafadhu

date...../...../20.....



cohealth Location.....

I'm happy



I'm not happy



I have an idea



my comments:.....

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Would you like cohealth to contact you about your feedback?

No **Yes** If yes, please write your preferred contact details below:

Name:.....

Address, phone number or email address:.....

.....

 I need an interpreter, my language is:.....

 Free interpreter service available or call **131 450**



cohealth
care for all