

## Churches of Christ in Queensland

*Bringing the light of Christ into communities*

Churches of Christ in Queensland values honesty, transparency and open communication in providing services to local communities.

We welcome feedback from clients, their families and staff on any issues related to our services.

Whether you have a compliment, complaint, suggestion or enquiry, we would like to know about it.

### How can I give feedback?

Simply complete the enclosed feedback form and either place in the box provided at reception, hand to a staff member or post to the service via the details on the back page.

If you do not wish to identify yourself, you can remain anonymous.

We will maintain open, honest and timely communication in response to your feedback.

### Further information

If you would like further information on the process of lodging or dealing with compliments, complaints, suggestions or enquiries, please contact the service directly via the details on the back page.

Alternatively, you can contact our Head Office in Kenmore on **07 3327 1600** or **communications@cofcqld.com.au**.

#### Churches of Christ in Queensland Head Office

41 Brookfield Road, Kenmore Qld 4069

PO Box 508, Kenmore Qld 4069

P: 07 3327 1600

F: 07 3878 1268

E: [communications@cofcqld.com.au](mailto:communications@cofcqld.com.au)

W: [cofc.com.au](http://cofc.com.au)

**Churches of Christ in Queensland** has been an active part of the community since 1883. We have a significant presence in Queensland, Victoria and Vanuatu with hundreds of local services. Our staff and volunteers positively impact tens of thousands of lives each year. We operate a range of missional and community care services to assist families, the elderly and people in need through church communities and our care services groups operated through Churches of Christ Care and Churches of Christ Housing Services.

**For more information about Churches of Christ in Queensland, visit [cofc.com.au](http://cofc.com.au)**



# COMPLIMENTS, COMPLAINTS & SUGGESTIONS



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Service name:	
Date:	

**Please tick the boxes to show what this form is about.**

- This is about service provision
- This is a compliment
- This is a suggestion
- This is a complaint
- This is an enquiry
- This has been raised before

Do you wish for this to be treated confidentially?  YES  NO

Feedback for:  
e.g. *Service Manager*

**Feedback from** – This is optional however please note that it is more difficult to assess anonymous information

First name:	Last name:
Address:	
Phone number:	
Email:	

**Item details** – Details of your compliment, complaint, suggestion or enquiry

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**Suggested action or solution**

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Do you wish to receive a response on progress of this item?  YES  NO

**Thank you for your feedback!**

<b>Office use only</b>			
Reference Number:	Date entered:	Entered by:	Signature: