

**Shoalhaven Community Transport Service Inc.
Section 3 Service Delivery
Document 3.07-1-2 Quick Compliments/Suggestion Form**

Circle appropriate COMPLIMENT SUGGESTION

Date:Received by:.....

Made via (circle) Telephone Letter (attached) In person

SUBJECT:

Thank the person for their compliment/suggestion and explain that feedback is valuable in helping to maintain and improve the service.

Name of Person	
Address	
Phone	
Details of Compliment/Suggestion	
Action to Be Taken/Outcome	
Service User advised of action to be taken:	
At time of making compliment/suggestion	
At a later date (note date and time feedback provided)	
Compliment/Suggestion Taken by: (Name of Team member & date)	

DOC 3.07-1-2	Quick Compliments/Suggestions Form			Date Approved	
Date Document due for review	Date Document Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date