Townsville Health Service District

FEEDBACK FORM

Please tell us how you found our service

Date: _____ **Area/ Ward/ Unit**: _____

Details of Person Providing Feedback: (you may choose to remain anonymous)

Are you: Client/ Patient ☐ Relative ☐ Visitor ☐ Staff ☐ Other ☐

If other, please specify: _____

Full Name: _____

Address: _____

_____

Do you wish to be contacted about your comments? YES ☐ NO ☐

Contact Phone Number: _____

Feedback Details - Please tell us what your experience has been like:

Postal Address **Client Liaison Officer,**
Townsville Health Service District
PO Box 670
TOWNSVILLE QLD 4810

Phone: **(07) 4796 1074**