
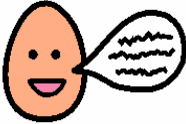

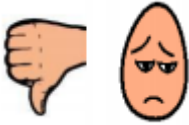




Client Feedback Form	
<p>Person providing feedback</p> 	<p>First name:</p> <p>Last name:</p>
<p>I would like you to know</p> 	
<p>Things I am happy with</p> 	
<p>Things I am not happy with</p> 	
<p>Things that need fixing</p> 	
<p>Things I would like to do</p> 	

Other things



We highly value your feedback, thoughts, and input about how we can improve our service and the care we provide to individuals and communities. We will always endeavour to let you know the full outcome of your feedback.