

Which service are you writing about? .....

Where did you receive the service? .....

What would you like to tell us?

Compliment

Date.....

Suggestion

Complaint

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.....  
.....  
.....  
.....

What would you like to happen?

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Would you like a response to your feedback ?

- No
- Yes, if you would like a response, please provide contact details.

Name .....

Address .....

..... P/code .....

Ph .....

Email .....

.....

**Thank you.**

Your feedback will help us to provide a better service.

living well  
in your community



*At Nexus Primary Health our aim is to promote health and wellbeing, early management of chronic conditions and reducing unnecessary hospital admissions and specialist referrals.*

*Your feedback will help us improve our service.*

*All of our services are low, or no cost, and are private and confidential.*

**Our locations**

<b>Broadford</b> 72 Ferguson Street	<b>Seymour</b> Callen Street (Seymour Hospital)
<b>Kinglake</b> 19 Kinglake-Whittlesea Rd	<b>Wallan</b> MultiPurpose Centre 42-80 Bentinck Street

**Thank you.**  
Your feedback is valuable to us.

**Need help with this form?**

If you need help with this form please ask a staff member.

**What do I do with this form?**

Give the form to one of our staff or place it in the 'drop box' at our Nexus Primary Health Offices in Broadford, Wallan, Seymour and Kinglake.

**When will you hear from us?**

We will phone or write to you within 5 working days of receiving your feedback. If you haven't heard from us, please contact us.

**Contact us**  
**1300 773 352**  
**info@nexusprimaryhealth.org.au**

# Feedback Form

*Tell us what you think.*

**we are**  
**listening**  
&  
**learning**

BROADFORD • KINGLAKE  
WALLAN • SEYMOUR

1300 773 352

info@nexusprimaryhealth.org.au

