

**Coast and Country Community Services Ltd.**  
**Section 3 Service Delivery**  
**Document 3.07-1-2 Quick Compliments and Suggestions Form**

Reference No: \_\_\_\_\_

<b>COMPLIMENT</b> <input type="checkbox"/>	<b>SUGGESTION</b> <input type="checkbox"/>
<b>Made via:</b> Telephone <input type="checkbox"/> Letter/Email ( <i>attach</i> ) <input type="checkbox"/> In Person <input type="checkbox"/> Other ( <i>please specify</i> ) <input type="checkbox"/> .....	
<b>Made by:</b> Service User <input type="checkbox"/> Service Provider <input type="checkbox"/> Advocate <input type="checkbox"/> Other ( <i>please specify</i> ) <input type="checkbox"/> .....	
<p><b><i>Thank the person for their compliment/suggestion and explain that feedback is valuable in helping to maintain and improve the service.</i></b></p>	
Received by ( <i>insert name</i> ):	
Position:	Date:
<b>Subject of compliment/suggestion:</b>	
<b>Name of person giving compliment/suggestion:</b>	
Address:	
Phone number:	
Details of Compliment/Suggestion:	
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.....	
Action to be taken:	
.....	
.....	
.....	

Has the person been advised of action to be taken/outcome?

Yes

No

Not applicable

*If No or Not Applicable, please state reason:*

Date Service User advised:

Further action to be taken/Outcome: