



FEEDBACK FORM

Please return this form via
fax: 07 4786 3136 or email: reception@girudala.com.au

Date: _____

Name: (optional) _____

Which service(s) did you access through Girudala? (tick)

- Indigenous Family Wellbeing Program
- Housing
- Youth Health
- Sport & Recreation
- Nutrition
- ATODS
- Sexual Health Awareness
- Indigenous Outreach Workers
- Commonwealth Home Support Program (CHSP)
- General Enquiry/Reception

Do you have a suggestion/comment?

Did you find our staff helpful?

Strongly Agree / Agree/ Disagree/ Strongly Disagree

Were you referred to the appropriate section?

Strongly Agree / Agree/ Disagree/ Strongly Disagree

Was your issue resolved?

Strongly Agree / Agree/ Disagree/ Strongly Disagree

Was your overall experience positive?

Strongly Agree / Agree/ Disagree/ Strongly Disagree