## Feedback Form

The Kokatha Aboriginal Corporation RNTBC welcomes feedback from Members, Common Law Holders, and the wider community. Your feedback helps us improve our services and ensure we are meeting community needs. This form can be used to share positive experiences, raise concerns, or suggest improvements. All submissions are treated with respect and confidentiality.



*Required fields						
Your Details						
Full Name*:						
Date of Birth*:	Contact number	er:				
Email*:						
Address*:						
Your Feedback						
What is your feedback about?*						
A Community Assistance Pr	rogram application	Another KAC program or service?				
A staff member or team						
Other (please describe)						
Is your feedback:*						
A compliment	A suggestion					
A complaint	A general comment					

Please describe your feedback:** (What happened? When and where did it happen? Who was involved?)				

Have you already spoken to anyone at KAC about this?				
Yes (Please provide their name)	KAC staff member name:			
No				
What outcome would you like to see as a result of this feedback?				

Do you have any other suggestions to help us improve?					
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	ı like to be contacted about your feedback?*				
Yes - p	please contact me using the details I've provided				
No-10	do not wish to be contacted				
I confirm t	hat the information provided is true and correct to	the best of my kn	owledge.		
Signature:		Date:			