

TELL US WHAT YOU THINK

PART A: PARTICIPANTS, STAFF, MANAGEMENT, VOLUNTEERS & MEMBERS OF THE COMMUNITY

Are you a:

- Participant
- Family Member / Representative
- Staff Member
- Staff Member on behalf of a service user
- Volunteer
- Other: _____

Name (optional): _____

Date: ____ / ____ / ____

We value your comments and suggestions for improving our service so please tell us what you think and give this form to your Support Worker, Fairhaven staff member, Manager or post to:

Fairhaven
 209 Brisbane Water Drive
 Point Clare NSW 2250
