



Client Feedback Form

Please print in BLOCK LETTERS with a black or blue pen

This form is used to provide feedback to Family and Community Services (FACS) about its services. Fill in the details below and send the form to FACS, Client Feedback Service, Locked Bag 7150, Liverpool BC, NSW 1871. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a . If you need more room to answer any question, please include details on a separate page and attach it to this form. Further information can also be found in the Client Feedback Service fact sheet.

Application reference number

(if applicable)

Client reference number

(if applicable)

Payment reference number

(if applicable)

Client details

Title
 Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town or Suburb Postcode

Phone Mobile

Email

Are you a:

Public housing tenant Former public housing tenant

Aboriginal Housing Office tenant Social housing applicant

Other
 ↓
 give details

Do you speak a language other than English?

Yes No

If yes, which language?

Would you like someone to contact you about your feedback?

Yes No

Feedback details (Compliment/Suggestion/Complaint)
