



# Feedback Form

<b>Name</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>Email</b>	
<b>Year of birth</b>	

<b>I would like to remain anonymous (if you remain anonymous we will not contact you with the outcome)</b>	Yes / No
<b>I would like my feedback to be confidential</b>	Yes / No

**What is your suggestion and/or complaint? (Use separate sheet of paper if needed)**

<b>Did you discuss this complaint with anyone from CRC before making this complaint?</b>	
<b>If yes, could you tell us about that discussion? Did they offer any solutions to this situation?</b>	
<b>Has the incident affected you? If yes, how has it affected you?</b>	
<b>How would you like the issue/complaint solved?</b>	
<b>Signature</b>	<b>Date</b>

Please return to:      Feedback  
   Community Restorative Centre  
   PO Box 541  
   Broadway, NSW 2007  
(Or hand into CRC's Broadway Office or a CRC worker)