



Service Feedback Form

Name of Person Completing Form (optional) _____

What type of service are you providing feedback for? Please tick:

- Centre-Based Supports
- Warm Line
- RED House
- Suicide Prevention Programs
- Training
- Other

What is your role?

- Community Member
- Nominated Support Person (NSP)
- Brook RED Employee
- Other

Date: _____

1. Can you tell us what is working well with Brook RED's supports?

2. Can you tell us about any problems with Brook RED's supports?

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3. If you could change something about Brook RED's supports what would it be?

4. Can you tell us about anything we could be doing better or differently?

5. Do you have any suggestions for improvement regarding your cultural needs?

6. How likely would you be to recommend Brook RED's supports to a friend or loved one?

Please circle:

1 Very Unlikely	2 Unlikely	3 Neither Unlikely or Likely	4 Likely	5 Very Likely
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Please return your form to a Peer Worker/Senior Peer Worker/Manager or email to enquiries@brookred.org.au. Thank you!