



Share your feedback

Have your say...



Thank you for your feedback.
Please seal this feedback form and pass it to an ILC staff member or post it to the Reply Paid address overleaf.

Contact Us

ILC Head Office:

The Niche Suite A 11 Aberdare Road
Nedlands WA 6009
Tel: 08 9381 0600 OR 1300 885 886
Fax: 08 9381 0611
Email: general@ilc.com.au

ILC North:

Unit 13 386 Wanneroo Road
Westminster WA 6061
Tel: 1800 052 222
Fax: 08 9381 0688
Email: comcarelink@ilc.com.au

Noah's Ark WA:

5A Bookham Street
Morley WA 6062
Tel: 08 9328 1598
Email: help@noahsarkwa.org.au

www.ilc.com.au




Independent Living Centre WA
Making choices finding solutions
The Niche Suite A 11 Aberdare Road
Nedlands Western Australia 6009



Independent Living Centre of WA (Inc)
Reply Paid 83088
NEDLANDS WA 6009



No stamp required
if posted in Australia

The Independent Living Centre WA welcomes your feedback

The ILC is committed to providing you with high quality services to meet your needs. Whether you are happy or unhappy with our services we welcome your feedback. Please share your comments or concerns with us so we can improve our services to you and others.

How to provide feedback

Speak to our staff.

The ILC staff member who provided the service, or alternatively, the Service Manager will welcome the opportunity to receive your feedback. You can contact our staff in writing or over the phone, and can make an appointment to meet with them in person.

Complete the ILC Consumer Feedback Survey located on our website under the heading 'Feedback'

Complete the feedback form opposite and return it to us.

Contact an advocacy service who will assist you to put your feedback in writing.

If I make a complaint, what will happen next?

Once we receive your feedback, if appropriate, your comments will be shared with the relevant Service Manager, who will then contact you within three working days.

The Service Manager will investigate in a fair and reasonable manner to reach a resolution, if possible. Resolution will be sought within 10 working days and you will be notified of the outcome.

Feedback Form

Your Name: _____

Address: _____

Phone: _____

Email: _____

Please tick which best explains who you are:

- Client Health Professional
 Carer Relative Other

Which service/s does your feedback relate to?

- Assistive Equipment Service
 Hire of Equipment
 Technology Equipment Service (ILC Tech)
 Occupational Therapy Driver Assessment
 Training Services
 Commonwealth Carer Respite Centre
 Individual Equipment Grants
 Noah's Ark
 Other _____

Your Feedback

What type of feedback would you like to give?

- Compliment Complaint
 Opportunity for improvement

Please attach additional pages if necessary