Talk to Us!



Children & Young People Feedback & Complaints Form:

Date:		
Name:	or 🗌 And	onymous Age:
Why did you recently	come to Uniting?:	
How are you feeling:		
Happy/Cheerful Excited/Amazed	d Content/Pleased Calm/Relaxed	Sad/Hurt Shocked/Scared
	m > 6	= = 0
Bored/Nothing Confused/Unsure	Angry/Mad Resentful/Frustrated	Tired/Stressed Something else
Would you like to repo	ort a:	
☐ Worry G☐ Problem 1☐ Complaint 1	☐ Feedback ☐ Suggestion /Idea	☐ Compliment
Who would you like to	tell?	
Feedback/ComplaintsTeam	Staff MemberManagerCEO (Big Boss)	Someone else Name:

How would you like us to get bac	ck to you?
How would you like us to get back. Face to face chart	
Face to face chat	Phone call

Please fill out this form and either give it to someone at Uniting or email to: consumerfeedback@vt.uniting.org