Victorian Adoption Network for Information and Self Help thanks you for your feedback

How you can contact us:



Call us: 1300 VANISH or 03 9328 8611



Email us: info@vanish.org.au



Write to us
P.O. Box 112,
Carlton South, VIC 3053



Come in and speak to us at 1st Floor, 50-52 Howard Street, North Melbourne, VIC 3051



Visit our website: www.vanish.org.au

Our Feedback and Complaints Policy can be found at: http://vanish.org.au/media/71616/feedback-and-complaints-policy-october-2015.pdf

VANISH
P.O. Bo 112
Carlton South
VIC 3053



WE WANT YOUR FEEDBACK!

VANISH values your thoughts and opinions.
All feedback is welcome, whether a compliment, a suggestion or a complaint. Please tell us your views about our services as this helps us to improve.

Please let us know

- anything you think is good about our service
- · any suggestions you have
- anything you are unhappy or concerned about

Your comments help us to

- know what we are getting right
- · get better at what we do
- sort out any problems or concerns

Feedback can include comments about whether our office and services were welcoming, safe and accessible; if our services met your expectations; whether your rights and privacy were respected; and anything else you wish to tell us.

WE ARE LISTENING!

Please take a few minutes to complete this form

VANISH seeks to attain best practice in all the services we provide. We aim to ensure that all contact is based on mutual respect.

Process

Your feedback will be read and considered by the Manager and staff team at VANISH and discussed in terms of how we can improve.

Compliments

If you wish to send us a compliment or testimonial about the work we do, please indicate whether you give us permission to share this.

Complaints

VANISH appreciates that sometimes things do not go as planned and we aim to resolve any complaint openly, honestly and as quickly as possible.

If you wish to make a complaint this can be done by completing this form and providing your contact details or lodging a formal complaint in writing to the Manager at VANISH using the addresses overleaf.

(3)

Please complete this form

1. Your Name (optional)										
2. Your Age Group 18-30 31-45 45-65 65+										
3. Your Status										
o Adopted Person										
o Mother separated from a child										
o Father separated from a child										
o Forgotten Australian										
o Donor-Conceived person										
o Donor Parent										
o Sibling or other family member										
o Other										

4. Which of VANISH's services have you accessed?												10. How can we improve our services?	
o Search assistance													
o Support													
o Support group													
			ellin										
o Information													
o Referral													
o Other													
5. V	5. Which of these services was most useful to you?												
													11. Do you have any further comments?
6. Overall, how would you rate VANISH?													
	Please mark or circle – 0 is the worst and 10 the best												
					0.0				. 10				
\odot	0	1	2	3	4	5	6	7	8	9	10	\odot	
7. How respected and supported did you feel?													
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\odot	0	1	2	3	4	5	6	7	8	9	10	\odot	12. Do you want us to contact you about this feedback?
													If yes, at which phone number or email?
8. T	o w	hat e	exter	nt die	AV b	NIS	H mee	et yo	ur ex	pect	ation	s?	
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\odot	0	1	2	3	4	5	6	7	8	9	10	\odot	
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9. W	/hat	stoc	d ou	ıt to	you	abo	ut VA	NISH	l ser	vices	?		
_												_	
													13. Do we have your permission to publish your comments in our reports and publications?
													Yes, anonymously
													Yes, using my first name / full name (circle)
													□No