

Your comments are important to Lifestyle Connections Association Inc.

Lifestyle Connections Association Inc. strives to provide a high level of service.

If you have any comments relating to the service we would appreciate your feedback, so we know we are providing quality service, otherwise it will provide us with the opportunity to improve.

Name (optional): _____

If you would like to remain anonymous please feel free to do so.

If you require more space please use the reverse side of this form.

If you would like to be contacted by a representative of Lifestyle Connections please provide your details.

Phone: _____

Address: _____

Feedback forms are presented at the Management Committee meetings held once a month

Who would you prefer to be contacted

by? Member of Management Committee

Service Manager/Support Coordinator

OFFICE USE

Date presented to Management Committee: _____

Action to be completed: _____

Follow up completed by: _____ Date _____

Feedback Follow up Form Attached: Yes No