

# Stroke Foundation Feedback Form



## My feedback is a

Complaint ☹️

Compliment 😊

Suggestion 😊

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## Contact details

If you would like us to contact you, please complete your contact details. You can remain anonymous if you wish, however you will not receive any correspondence from us.

I do not want to leave my name

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb / town: \_\_\_\_\_ Postcode: \_\_\_\_\_

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**Details of feedback or complaint – What is it that you want to tell us?**

**Thank you for taking the time to give feedback.**

Please save this PDF and email to: [feedback@strokefoundation.org.au](mailto:feedback@strokefoundation.org.au)