Weeroona Taking Time to Care	**Compliments**	

COMPLIMENTS REGISTER NUMBER: _____

This form can be addressed to Manager or President marked 'Compliment In Confidence':

Name (optional): _____	**Date:**_____
Form completed by (optional): _____ Information Given verbally to staff Member: YES / NO	
Contact Details: (optional)_____ **Phone** (optional):_____	
Subject of Compliment: ☐Staff ☐Service ☐Program ☐Other:_____	
Detail of Compliment:	
Signature (optional):	
Copy provided to Complimentant: **Yes** ☐ **No** ☐	

Delivered: Weeroona Association Inc, 16 Red Hill Road, Gympie Q 4570
Mailed: Weeroona Association Inc, PO Box 172, Gympie Q 4570
Emailed: manager@weeroona.org.au
Left at the office with Reception