

# FEEDBACK FORM

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Would you like to tell us about your experience in the Centre? We are eager to receive your feedback. All personal information will remain confidential.

NAME:.....

ADDRESS:.....

EMAIL:.....PHONE:.....MOBILE:.....

DATE & TIME AT THE CENTRE:.....

REASON FOR ATTENDING:.....

YOUR EXPERIENCE:

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Thank you for sharing your thoughts and feelings with us.

Your feedback will stimulate us to improve our service and encourage us to appreciate our strengths.

If you are experiencing any difficulty using this form or writing down your thoughts and feelings, please feel free to contact us by

- telephone on 0421 553 118,
- email to [info@cairnsspiritualcentre.com.au](mailto:info@cairnsspiritualcentre.com.au), or
- post to Cairns Spiritual Centre Inc., 1/194 Spence Street, Bungalow, CAIRNS Queensland 4870
- Alternatively, you can make an appointment to speak with a Committee Member at the Centre.