



### **Suggestion form**

This form is for making suggestions or giving ideas to the Tasmanian Deaf Society about how to improve the services that we provide.

For making a formal complaint to the Tasmanian Deaf Society about a serious incident that happened to you that you when using our services please use the ***Complaints Form***.

#### **Which service do you want to talk about?**

- |                     |                             |                          |
|---------------------|-----------------------------|--------------------------|
| <b>Tasdeaf</b>      | Interpreting service        | <input type="checkbox"/> |
|                     | Support Work                | <input type="checkbox"/> |
|                     | Community Housing           | <input type="checkbox"/> |
|                     | Other (please specify)..... |                          |
| <b>Hearing Link</b> | Technology support          | <input type="checkbox"/> |
|                     | Community Education         | <input type="checkbox"/> |
|                     | Screening Audiometry        | <input type="checkbox"/> |
|                     | National Relay Service      | <input type="checkbox"/> |
|                     | Other (Please specify)..... |                          |

**What happened to make you think that the service needs to be changed?**

334 Elizabeth Street  
North Hobart TAS 7001  
Ph/TTY: 6231 6501  
Fax: 6234 7049



TASDEAF

Shop 2, Quadrant Plaza  
Launceston TAS 7250  
Ph/TTY: 6331 9766  
Fax: 6333 0985

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**What is your suggestion or what ideas do you have about how to improve the service?**

Please return the form to the Reception at either Launceston or Hobart office.

Thank you for your time in filling out the information. Tasdeaf will be in contact within seven days with a response.

Date:.....

Name:.....

Contact Number:.....

**Manager**

**Action taken**

**Date:**