



We listen

Excellence in Care | Integrity | Community | Respect | Accountability

Please let us know what you're thinking about your experience so we can improve.

Name:

You can remain anonymous

Date:

Address:

Phone:

The AREA I would like to comment about is: Aged Care Allied Health GP Clinic
 Gym / Pool Hospital Other – please specify: _____

The SERVICE I would like to comment about is: Care Customer Service Access
 Meals Laundry Environment Other – please specify: _____

I am a: Patient Resident Staff Member Other – please specify: _____

I would like to make a: Suggestion Complaint Compliment

Please give details, including any thoughts on what we could do to improve:

Please return this form to reception or place in the feedback box
for attention to the Quality & Risk Coordinator

