



We listen



I
Integrity



C
Collaboration



A
Accountability



R
Respect



E
Excellence
in Care

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

Urgency scale (please circle): 10 9 8 7 6 5 4 3 2 1 0

Please give details, including any thoughts on what we could do to improve (more room over page):

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

OFFICE USE ONLY

Feedback: <input type="checkbox"/> Record of Verbal response <input type="checkbox"/> Written response-copy to originator		
Name:	Signature:	Date:

Evaluation: Satisfactorily resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No → Action taken:	
Date checked:	Signature: