|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff member completing the form** | | | | | | | | |
| **Name** (printed): | | | | | | **Signature:** | | |
| **How was the feedback received?** | | | | | | | | |
| Letter | Telephone | | | Feedback/Suggestion For Improvement Form | | | | |
| In Person | Email | | | Other (specify): | | | | |
| **Details of feedback** | | | | | | | | |
| Name of person providing feedback:  **File ID** (where applicable): | | | | | | | | |
| Address: | | | | | | | | |
| Home contact number:  Work contact number:  Mobile contact number: | | | | | | | | |
| Email: | | | | | | | | |
| **Preferred contact method** | | **Mail  Email  Telephone** | | | | | | |
| **Description of feedback (from the patient’s perspective)** | | | | | | | | |
| Description: | | | | | | | | |
| **What action was taken? (STAFF ONLY)** | | | | | | | | |
| Description: | | | | | | | | |
| Incident form completed? | | | | | Yes | | | No |
| Practice Manager/Practice Principal notified: | | | | | Date: | | | Time: |
| Feedback acknowledgement letter sent: | | | | | Yes  Date: | | | No |
| **Situation Resolution** | | | | | | | | |
| Situation resolved? | | | Yes  Date: | | | | No | |
| If no, referred further action to: | | | Office of the Australian Information Commissioner | | | | State/Territory Health Services/Complaints Commissioner | |
| Referred for discussion at practice meeting: | | | Yes | | | | No | |