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| **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  |