

Complaint, Compliment or Suggestion Form



Practice Location: Barrack Heights Unanderra Campbelltown

Please circle

Staff member completing the form		
Name (printed):		Signature:
How was the feedback received?		
<input type="checkbox"/> Letter	<input type="checkbox"/> Telephone	<input type="checkbox"/> Feedback/Suggestion For Improvement Form
<input type="checkbox"/> In Person	<input type="checkbox"/> Email	<input type="checkbox"/> 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	<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Telephone
Description of feedback (from the patient's perspective)		
Description:		
What action was taken? (STAFF ONLY)		
Description:		
Incident form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practice Manager/Practice Principal notified:	Date:	Time:
Feedback acknowledgement letter sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	
Situation Resolution		
Situation resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	
If no, referred further action to:	<input type="checkbox"/> Office of the Australian Information Commissioner	<input type="checkbox"/> State/Territory Health Services/Complaints Commissioner
Referred for discussion at practice meeting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your privacy is important to us. The information you provide on this feedback form will be used solely to improve our services. We will not share, sell, or disclose your personal information to third parties without your consent, unless required by law. By submitting this form, you agree to the collection and use of your data as described in our privacy policy