



Compliments and Concerns Form

We welcome your comments as it is important that we receive your feedback (positive or negative) to enable us to continually improve our services to you and the community.

Our procedure follows those outlined in the pamphlet found in your information pack titled “Code of Rights Health & Disability Services Consumers’ Rights” Right 10

Date:.....

Name of person completing this form:

Contact Details:

Feedback:

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OFFICE USE ONLY

Service Provider Follow up:

Verbal/ Email/ Written
Clinical Care/ Food/ Laundry/ Gardens/ Maintenance/ Other

Received by: Date Received:

Date given to contractor.....

Compliment distributed to

Improvements /Suggestions/ Concerns Monitoring Form

Corrective Action? Date of commencement:.....

Who is monitoring?.....(contractor responsible).

Organisational Risk rating: H M L

Entry made into the Facility Hazard & Risk Management Register:

Yes No (If no, why?)

Feedback Acknowledged within 5 days Yes No