

Compliments and Concerns Form

We welcome your feedback and ideas to help us 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:
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