

RECORD FORM

SUGGESTIONS FOR IMPROVEMENT / COMMENTS / COMPLIMENT / COMPLAINT SLIPS

*Please complete this form if you would like to forward a suggestion, comment, compliment or complaint to our practice.
Please forward the completed form to our Privacy & Complaints Officer, YDMG, 72 Woods Road, Yarrawonga, 3730.*

1. Name and details of person making the suggestion/comment/compliment/complaint

If anonymous please write 'ANON'

Name:	
Address:	
Telephone: Email:	Interpreter required? YES / NO Preferred language?
Is the person a: <input type="checkbox"/> Patient/Consumer <input type="checkbox"/> Staff Member <input type="checkbox"/> Relative or friend of patient/consumer <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify)	

2. Suggestion/Comment, Compliment or Complaint Type:

Suggestion/Comment:	Compliment:	Complaint:
<i>Please briefly record suggestion/comment given:</i>	<input type="checkbox"/> Staff kindness & helpfulness <input type="checkbox"/> High level of care & treatment <input type="checkbox"/> Excellent information about treatment <input type="checkbox"/> Prompt treatment & care <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Attitude or rudeness <input type="checkbox"/> Waiting time, access to doctor of choice <input type="checkbox"/> Inadequate information <input type="checkbox"/> Inadequate or incorrect diagnosis or treatment <input type="checkbox"/> Medication error <input type="checkbox"/> Billings & charges <input type="checkbox"/> Other (specify)

3. Please tell us about your Suggestion/Comment, Compliment or Complaint

4. Do you have any further comments or can you suggest how we can improve?
