



SUGGESTION FOR IMPROVEMENT / COMMENT / COMPLIMENT / COMPLAINT FORM

If you wish to register a Suggestion for Improvement, a Comment, a Compliment or a Complaint to YDMG, please complete this form and return it to : The QIT/Complaints Officer, YDMG, 72 Woods Rd, Yarrawonga, Vic., 3730; or via email to ptinfo@denismed.com.au

Please note if sending to us via email :

- a) This email address is checked throughout the day by a designated reception staff member, where emails are read and actioned accordingly, so please be aware of privacy and confidentiality with this mode of delivery.
- b) Electronic information is transmitted over public network using an encrypted format with secure messaging software.
- c) YDMG have policies, procedures and systems in place to protect patient confidentiality and privacy but there is still sometimes a risk associated with methods of electronic communication.

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

If anonymous please write 'ANON'

Name:	
Address:	
Telephone:	Interpreter required? YES / NO
Email:	Preferred language?
Are you 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 (please specify)	

2. Type - Suggestion/Comment, Compliment or Complaint: Please tick applicable boxes below

<input type="checkbox"/>	Suggestion/Comment:	Please record your suggestion / comment below at number 3.	
<input type="checkbox"/>	Compliment:	<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"/>	Complaint:	<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 record/write below your Suggestion/Comment, Compliment or Complaint: If you require more space please attach a separate page.

Signature of Person completing this form:	
Signature:	Date:

Office use only: ↓	
Received by (staff member):	Date:
Has this form been forwarded to the YDMG QIT/Complaints officer? Yes / No	