

## What outcome would you like from your feedback?

- Thank staff member
- Receive an apology\*
- Prevent recurrence
- Formally register your concern
- Receive an explanation or information\*
- Please call me so I can give more information\*

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- I would like a response to my feedback\*

- Other

\*These outcomes cannot be achieved anonymously.

## Completing this form

When you have completed this form, you can:

- put it in one of our feedback boxes
- give it to a staff member
- post it to us at:

**Central Highlands Healthcare Feedback**

PO Box 1844  
Emerald  
Queensland  
4720

## Other ways to provide feedback

If you are in the clinic, please discuss your feedback with the staff looking after you.

You can also request to speak to the Practice Manager or Senior Medical Officer.

You can email your feedback to [feedback@chhealth.com.au](mailto:feedback@chhealth.com.au)

## Download an electronic version

Download an electronic version of this form by scanning the barcode or visiting our website [chhealth.com.au](http://chhealth.com.au)



# Give us a piece of your mind.

We'd love to hear any suggestions, compliments, and even complaints, to help us improve our service.



Help us improve our service. Please tick which applies and write any comments you have:



**Happy with your care?**

Please tell us what we did well.



**Unhappy with your care?**

What were your main concerns?



**Any suggestions for us?**

We'd love to hear any ideas on how we can improve our service.

## Your details

Today's date: \_\_\_\_\_

Do you wish to remain anonymous?

Yes (do not fill out the details below)

No

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Are you providing feedback on behalf of someone else? If so, please provide their details:

Their name: \_\_\_\_\_

Do you have their permission to provide feedback on their behalf?

Yes

No