

Tell us what you think

I wish to *(please tick)* Complain Compliment Other

Name: _____

Address: _____

Daytime Phone No: _____ Email: _____

Interpreter Required? Yes No Preferred Language: _____

Is someone assisting you to complete this? Yes No

If so, what is their name and contact information? _____

Are they a staff member Yes No

COMPLIMENT Issue Type

- Kindness and helpfulness of staff
- Quality of information
- Prompt response
- Other _____

COMPLAINT Issue Type

- Attitude or rudeness
- Inadequate or misleading information
- Poor service
- Charges

Other *(provide detail)* _____

Has the issue been raised previously with CareSouth? Yes No

What happened?

(If you have spoken to someone before tell us who this was and why you are not happy with that outcome)

You may wish to attach any relevant additional information on separate sheets

How can we improve? What would you like to see happen?

OFFICE USE ONLY

Date Received: _____ Registration Number: _____

Name of staff who received form _____ Responding Staff: _____

Acknowledgement sent: _____ Investigation commenced date: _____

Investigation concluded date: _____ Outcome letter sent _____

Refers to Incident Report No *(if applicable)* _____

If identified as systemic issue, has this been forwarded to relevant party for remedy? Yes No

Have any other actions been introduced as a result of complaint? *(If YES, provide details)* Yes No