### Feedback form

We value your feedback about your visit to our hospital. It is important to us and helps us understand what we are getting right and which areas we need to improve. All feedback including compliments, suggestions or complaints are valued and provides us the opportunity to continually improve the delivery of the healthcare we provide.

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Compliment

Suggestion

Complaint

Would you like us to contact you about your feedback and advise you of any updates or action taken?

Yes

Nο

Are you the patient?

Yes - go to next page

No - complete below

Does the patient know you are contacting us on their behalf?

Yes

No

Please provide patient details below

Patient's name \_\_\_\_\_

Date of birth

UR (if known)

Note If you are making this complaint on behalf of someone else, they will be contacted by the Consumer Feedback Coordinator to give consent for this feedback to be investigated and a response, if requested to be provided to you.

What is your relationship with the patient?

Carer

Family

Other

### Please tick below if you require

Aboriginal and Torres Strait Islander Liaison Officer



Interpreter

Language:



### What response would you like?

Thank staff member / team / unit / hospital

Apology

Access service

Explanation / information

Prevent recurrence

Staff review

involved/vour-feedback/

Other \_\_\_\_

Please provide as much detail about your experience as possible on the following pages. Alternatively, visit our website www.mackay.health.qld.gov.au/get-

Thank you for your feedback

### Your privacy

We take your privacy seriously. No record of your complaint will be attached to your medical record. All complaints are treated with the utmost confidentiality. In line with principles of Natural Justice, the persons complained about have the right to be informed and are given the opportunity to respond. Compliments will be forwarded to relevant staff and their supervisors.

### Partnering with consumers

This brochure supports National Safety and Quality Health Service Standard 2.

Consumers and / or carers provided feedback on this information.



# Consumer Feedback

## Tell us how we are doing

Do you have a compliment, suggestion or complaint?



We value your feedback

You can provide your feedback online on our website www.mackay.health.qld.gov.au /get-involved/your-feedback/

Follow us on f in









### To progress your feedback



Talk to the staff caring for you or ask to speak to the manager of the area. It gives them an opportunity to address your concerns whilst you are in hospital and ensure timely action.



Hand this form to one of our staff or; Post it to



Consumer Feedback Coordinator (CFC) Mackay Hospital and Health Service PO Box 5580 Mackay MC QLD 4741



Submit an online form by visiting www.mackay.health.qld.gov.au/getinvolved/your-feedback/



**Email Consumer Feedback Coordinator** MHHSFeedback@health.qld.gov.au



Phone (07) 4885 7690

### What happens next?

Acknowledgement CFC will acknowledge your concerns within five (5) days of receipt of your feedback or contact you for further information. Response If you have raised an issue requiring an investigation and response, you should receive a feedback letter within 35 days. While every effort is made to complete investigations within this time frame, for complex matters it may extend beyond 35 days.

### **Unhappy with your response?**

#### Please talk to us first

If you are not satisfied with the response or action taken by the Mackay Hospital and Health Service, you have the option to contact the Office of the Health Ombudsman (OHO) for further advice.

complaints@oho.qld.gov.au **Email** 

Phone 133 646

Mail PO Box 13281 George Street

Brisbane QLD 4003

or visit www.oho.gld.gov.au

Your	detai	ļ

rour details	
Today's date	
Name	
Address	
Date of birth	
Phone	
Email	
Which hospital are you commenting on?	
Bowen Clermont Collinsville Dysart	
Mackay Base Moranbah Proserpine Sarina	
Community Health Services	
Cannonvale Glenden Mackay Middlemount	
Carrionvalo Cichach Mackay Middlemounk	
Person	
Department	
Date event occurred	
Details	