## Do you require a reply to these comments? Yes \_\_ No What would you like to see happen as a result of your comments? (please tick as many as appropriate) Access to service Apology Brought to attention of Department Manager Change in procedure or policy Explanation Not sure, I am just registering my concern Other (please specify)

## Our guarantee to you

All compliments will be fed back to the relevant areas.

All suggestions will be taken to the appropriate forum for discussion and consideration.

All complaints will be investigated and you will be informed of any action taken and/or decisions made (if requested).



Delivery Address: Level 2 12 Shelley St RICHMOND VIC 3121



Your comments  Please write as little or as much as you want.		Your details (optional) – please print clearly
		Today's date
		Hospital
		Ward/area/service you are commenting on
		Your name
		Your address
		Postcode
		Work or home phone
		Mobile
		Email
		Are you the patient? Yes No  If not:  Patient's name
		Patient ID Number (if known)
		Your relationship to the patient
		You may choose to remain anonymous, but if you do we will not be able to provide you with a response.
	Thank you for taking time to give your feedback.	If you need help filling out the form, please ask one of our staff.