

"We are listening"

Compliments, complaints and suggestions feedback form

Our staff would like to know what you think about the Torres and Cape Hospital and Health Service so we can provide the best possible service to our community.

Please complete this form, and you can either:

 give it to a staff member and have a chat	 put it in the feedback / suggestion box	 post or email it to us at: Quality, Safety & Risk Unit Torres and Cape HHS PO Box 5607 Cairns QLD 4870 TCHHS-QSR@health.qld.gov.au ph: 07 4226 5962	Consumer Liaison Officer Torres and Cape HHS PO Box 391 Thursday Island QLD 4875 TCHHS-North-CLO@health.qld.gov.au ph: 07 4030 6042
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Please read these questions. Select the option which best shows how you feel about each one:



Yes Unsure No

Comment

Did you feel that you were treated with courtesy and respect?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Did we meet your care needs?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Were staff helpful to you and your family?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Did you have a chance to ask questions?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Did you know that you could make a suggestion to make things better?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	



Please tell us what you like about your Hospital and Health Service?

Please tell us what we could do better. What more could we have done to improve your care?

Would you like us to contact you about your feedback? Yes No
If yes, how would you like us to contact you? By phone email letter other

Your Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Mobile:	<input type="text"/>
Suburb:	<input type="text"/>	State:	<input type="text"/> Post
Email:	<input type="text"/>		
Signature:	<hr/>	Date:	<input type="text"/>

Staff use only:

Date received: Date acknowledged:

RISKMAN No.: Date closed: