

### We welcome your feedback

Wide Bay Hospital and Health Service welcomes your feedback about your experience with us and our services. Your compliments, concerns and suggestions help us to understand what's important to you. Your feedback will assist us to provide the best service we can to our patients, their families and our community.

We encourage you to provide feedback at the point of care. This is the easiest and quickest way to have your feedback addressed. **Talk to the nurse manager, doctor or health professional of the area.** 

To supply verbal feedback to the **Clinical Governance Support Unit**, please telephone **(07) 4184 1824**.

Online feedback can be provided at www.health.qld. gov.au/widebay/consumer\_feedback

You are also welcome to use this form. Return options are listed on the back of this brochure.

If you have exhausted all options within Wide Bay Hospital and Health Service and your complaint has not been resolved to your satisfaction, you may choose to contact an external resource such as the Office of the Health Ombudsman.

#### To return this form

- hand your form to any staff member; or
- mail the form to
   Consumer Feedback,
   PO Box 592, Hervey Bay QLD 4655; or
- email the form to
   WBHHS-CGSU@health.qld.gov.au

#### Your privacy

We take your privacy seriously. There will be no record of feedback attached to a patient's medical chart.

All complaints/concerns are treated with the utmost confidentiality at all times. Investigations of complaints may require patient records to be reviewed and patient consent to be provided.

Consumers/patients will not be discriminated against for providing their feedback.

To engage with you and attempt to resolve your complaint/concern, we may need to contact you. Please ensure that you have provided your contact details.

Compliments will be forwarded to relevant staff and their manager.

Suggestions will be discussed at appropriate meetings/forums.

Partnering with Consumers







Wide Bay Hospital and Health Service respectfully acknowledges the Traditional Custodians of the land and water on which we work and live. We pay our respects to Elders and leaders past, present and emerging.

Wide Bay Hospital and Health Service

## **Feedback**

Tell us how we're doing



# Wide Bay Hospital and Health Service Feedback Form

Do you require assistance with the following?				
Aboriginal and Torres Strait Islander support				
Interpreter services (specify language):				
Other (pleas	e specify):			
My feedback is	s a			
☐ Compliment ☐ Suggestion for improvement ☐ Complaint/concern ☐ Enquiry				
I am a				
$\square$ Patient $\square$ Parent/guardian/carer $\square$ Visitor				
$\Box$ Other (please specify):				
My details  If you would like feedback, please complete below:				
☐ I wish to remain anonymous				
Title: ☐ Mr ☐	Mrs $\square$ Ms	☐ Dr ☐ Other:		
Name:				
Address:				
			•	
Phone:				
If you are not the patient, are they aware that you are providing this feedback (if relevant)?				
Patient's Name	:			
Patient's Address:				
Patient's Date of	of Birth:			

Tell us how we're doing  Please provide details if known. If there is not enough space, please attach another s	heet of pap	er.
Date/time:		
Facility/hospital:		
Unit/ward:		
Staff names: (if known)		
Details:		
-		
What would you like to see happen as a result of your feedback?		
Would you be willing to participate as a <b>consumer representative</b> in future service improvement activities? ( <i>If yes, ensure contact details have been completed.</i> )	☐ Yes	Thank you for your feedback.

☐ No