

YOUR FEEDBACK

Your feedback is used as part of Mansfield District Hospital's ongoing Quality Assurance process.

-	oliment jestion	t			Complaint Comment
⊔ Sugg	estion		ch ever a		
				ορπο	☐ Other area: (please specify)
Mansfield Hospital	Buckland House	Bindaree Retirement	Visiting Nursing		
If you would prefer	to remain anony	mous please tick her	e 🗆		
Name:					
Address:					
Post Code:		Telephone:			
Date:		Signature:			
Details (Brief Su	ımmary):				
(please continue on a separate sheet if necessary)					
Office use only this	section	Reference No.:			Date Received:
☑ Received via:	☐ Email	□ Post □	In Person	□Pr	hone 🗆 Other
Result of Investigat	ion:				
Action To Be Taken	•				
Action to be taken					
Preventative Action	Taken:				
By Whom:			. When:		
Action Closed Out:	⊔ Date Clo	sea out:	Signati	ure:	
Date evaluation of effectiveness conducted: Has Preventative Action been Effective?					
Evidence of effectiveness:					
EXTERNAL COMPLAINT OPTIONS: The Office of Health Services Commissioner; 8601 5200 or Toll Free 1800 136 066 Or Victorian Ombudsman 03 9613 6222, Toll Free (Regional only) 1800 803 314 Or Office of Public Advocate – 9603 9500 or Toll Free 1800 136 829 Fider Rights Advocacy – (03) 9602 3066 or Toll Free 1800 700 600					