

“!?”

## How was your experience?

# We welcome your feedback

The quickest way to raise a concern is to speak to a member of staff. Managers would like the chance to resolve your concerns straight away if possible. Alternatively, you can give this form to a volunteer, put it in a drop box at the entrance, post this form to the Patient Liaison Officer or phone their office.

The Patient Liaison Officer,  
Safety, Quality and Innovation Unit,  
Nambour General Hospital,  
PO Box 547, Nambour. QLD 4560

Email: [SC-PLO-Inquiry@health.qld.gov.au](mailto:SC-PLO-Inquiry@health.qld.gov.au)  
Phone: 07 54705085

### What is the nature of your feedback: (tick applicable)

- Compliment  
 Complaint  
 Suggestion for improvement

### Which service are you commenting about?

Hospital: .....

Unit/area: .....

### Are you the: (please circle)

Patient/parent/carer/guardian

Other: .....

### Do you wish to remain anonymous?

Yes  No

Anonymous feedback may not always be able to be fully investigated, but will be recorded and reviewed. Complaints will be sent to senior staff to assist with reviewing your concerns.

### Do you wish to be contacted with a response?

Yes  No

### What would you like to see as a result of your feedback? Select as many options as apply.

#### Complaints:

- Concern acknowledged/formally registered  
 Apology  
 Review of procedures/change in local practice  
 Information required  
 Improved access to service/resources  
 Receive explanation  
 Intervention or training occurs with staff  
 Other .....

#### Compliments:

- Will be sent to the staff member and their manager. They may be displayed in the hospital.

#### Suggestions:

- Will be reviewed and discussed.

**If you are giving feedback on behalf of another person:**

Their first name: .....  
Their last name: .....  
Their address: .....  
Post code: .....  
Phone number: .....  
Date of birth: .....  
UR/patient number: .....  
Your relationship to the person: .....

Your first name: .....  
Your last name: .....  
Your address: .....  
.....  
Post code: .....  
Phone number: .....  
Date of birth: .....  
UR/patient number .....

If you are giving feedback on behalf of someone else we will need to contact that person before we can review and release information to you.

**Do you consent for us to access your medical records if required to review your concerns?**

Yes  No

(Depending on the issue, selecting 'No' may limit our ability to fully review your concern)

**Details of feedback:**

**Date of event:** ...../...../...

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I declare the information provided by me is, to the best of my knowledge, true and correct. I understand and agree that my information will be used to review any concerns and may be given to staff to review.

Date: .../.../...

**Signature:** .....

If you do not feel the matter has been resolved, you may choose to progress your concern to an external agency such as the Office of the Health Ombudsman.

**Website:** www.ofo.qld.gov.au/make-a-complaint **Phone:** 133 OHO (133 646)