

QP: 5.7.2

Version 3

Date: May 2024

Feedback Form

Authorised: CEO or

Delegate

ABN: 48 603 486 442

Complainant Details	
Complainant's Name:	
Address:	
E-mail:	
Home phone number:	
Mobile phone number:	

Details of Complaint	
Date of incident:	
Time of incident:	
Location of incident:	
Who or what is the subject of the complaint?	
Details of the complaint or issue (attach additional paper if needed):	
What outcomes can you suggest to resolve this issue?	

Terms and Conditions

Please tick the box and sign below to agree to the Terms and Conditions.

I understand that by signing this form I am stating that the information I have supplied provides a true and correct representation of the events that have occurred and that have prompted this complaint. I understand that the information I supply will be used by the organisation:

- To further improve its service delivery
- In accordance with relevant legislation

Signature: _____

Date: _____

Lodgement

Please place the form in a sealed envelope marked "Confidential".

HealthWISE New England North West will accept complaints in the following way.

In writing:

- By mailing to Feedback and Complaints
 HealthWISE New England North West
 PO Box 1916 TAMWORTH 2340
- Faxed to Feedback and Complaints 02 6766 1372
- By e-mail to feedback@healthwise.org.au

In person:

- By discussing with the clinician providing your service
- By telephoning the Tamworth HealthWISE Office on 6766 1394
- By handing the completed form to one of our staff at any service location

Processing complaints

We shall acknowledge all complaints within 5 working days and try to resolve complaints within 31 days.

Once reviewed, you will receive a written explanation of the outcome, and information regarding changes that will be made to policies, procedures, or other internal processes where relevant.

We shall have due regard to your privacy.

Date complaint received:		Resolution date:	
Notifiable Data Breach: (If Yes or uncertain, please refer to notifiable data breach flow chart)	Yes/No		
Reference number:			

Complaint Investigation Details	
Person investigating initial complaint:	
Date:	
Investigation details:	

Actions Arising from the Initial Investigation		
Action:	Date to be completed:	Date complainant advised:

Actions Arising from the Sub-Committee Review		
Further recommendations:	Date to be completed:	Date client advised:

Complainant formally advised of outcomes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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For Notifiable Data Breach Incidents please refer to Information and Records Management Policy for the correct procedure