

## Compliment, suggestion or complaint form

**Do you have a:**

**- Compliment?**

**- Suggestion?**

**- Complaint?**

Your feedback plays an important role in helping us to improve our service.

### What to do with this form:

**When you have completed this form, you can:**

- Give it to the staff member looking after you
- Post it to us at:

**Mawarnkarra Health Service**  
**20 Sholl Street, ROEBOURNE.**

**Our commitment:**

We will investigate any complaint(s) you have made in a timely manner and advise you in writing of the outcome.

**Thank you for taking the time to provide our team with your feedback.**

# Compliment, suggestion or complaint form

Today's date:    /    /  
Mawarnkarra Health Service \_\_\_\_\_

## Happy with your care?

Tell us what we did well:



## Any suggestions?

Do you have any ideas for improving what we do?



## Unhappy with your care?

Tell us about your concern(s):



How would you like this issue to be resolved?

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Your name (optional): \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Please tick as appropriate:

- Please call me so I can give you more information
- I would like a response to my feedback