

Amongst other rights as a patient
(or client/consumer)
you have a right to make a complaint
about the services you have received
in hospital
and be assured that it will have
no adverse effect on the care provided.

We will investigate the issues you have raised and respond as soon as we can (within 30 days).

Thank you for sharing your views.

If you are not satisfied with the response you receive or do not wish to discuss the issue internally, you may contact:

Health Complaints Commissioner
Level 26, 570 Bourke Street
MELBOURNE VIC 3000
Tel: 1300 582 113
Email: hcc@hcc.vic.gov.au

Office of the Public Advocate

Level 1, 204 Lygon Street

CARLTON VIC 3053

Tel: 1300 309 337

Email: opa\_advice@justice.vic.gov.au

Aged Care Complaints Commissioner

GPO Box 9848

MELBOURNE VIC 3001

Tel: 1800 550 552

Email: enquiries@agedcarecomplaints.gov.au

## We value your feedback

We welcome and encourage feedback to help us improve our care and services



## About you.

## Your feedback.

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At Maryborough District Health Service, we are keen to		Your feedback relates to:
know what our consumers think of our services, as it		☐ Administration
helps us to consistently monitor and improve what we do.		☐ Amherst Ward
We invite consumers to talk directly to staff about their experiences in the hospital as a patient or as a visitor.		Avoca Nursing Home/Hostel
		☐ Building & Services
		☐ Community Services
If you have any immediate concerns, please talk to a		Dialysis
staff member straight away, so that we can fix any		☐ District Nursing
problem as soon as possible. We take your concerns		<ul><li>☐ Dunolly Nursing Home</li><li>☐ Executive</li></ul>
and complaints seriously and have a complaints system		☐ Executive ☐ Hotel Services
that ensures all issues are dealt with in an appropriate		
and timely manner.		☐ Medical Imaging
Please tick if you are any of the following:		☐ Org'l Learning & Innovation (SDU)
		□ Other
□ Patient □ Resident □ Staff Member		□ Stores
□ Visitor □ Client □ Contractor/Supplier		□ Theatre/Day Surgery
□ Other		☐ Urgent Care Centre
If you wish to remain anonymous,		
please leave this section blank:		N/a invite you to good your foodbook
Mr./Mrs./Ms./Miss.(plages sirele)		We invite you to send your feedback by post to:
Mr/Mrs/Ms/Miss (please circle)		by post to.
Name		Maryborough District Health Service
Address	_	Att: Feedback Department
Postcode	_	PO Box 155, MARYBOROUGH VIC 3465
Telephone (optional)		or via any of the Suggestion Boxes
Telephone (optional)	— Would you regard the feedback you have provided as a:	located at each MDHS campus
Date://	□ Compliment □ Complaint □ Suggestion	