

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 Quality & Safety Commissioner

GPO Box 9819

MELBOURNE VIC 3001

Tel: 1800 951 822

Email: agedcarequality.gov.au

We value your feedback

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



About you.

Your feedback.

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