



512 Barry Rd, Coolaroo VIC 3048
Phone: 93097011 Fax: 93023034

COMPLIMENTS & COMMENTS

Your compliments & comments are appreciated

The Staff at Coolaroo Clinic pride themselves in delivering quality care to you and all patients of this clinic. If you have any words of appreciation in praise of the care provided to you by the staff or Doctors of this clinic, or any comments/and or suggestions that you would like to make to improve the service delivery; we are keen to receive your feedback.

The form can be given to the staff who will forward on to Management, who will ensure that all parties are aware of your compliments and comments in relation to care provision.

Your kind words of appreciation will be formally noted and acknowledged by Management.

We thank you for taking the time to acknowledge our efforts.

COMPLAINTS

By telling us what matters, we can help others by improving our services

The staff and Doctors at Coolaroo Clinic are committed to provide you with the best quality care and level of satisfaction during your visit with us. If you are dissatisfied in any way with the care of service delivery provided, we would encourage you to document your concerns and give the form to our reception staff.

You will receive a formal acknowledgement and a written response to your concerns within 30 days following receipt, or possibly discuss your concerns with Management.

We will endeavour at all times to resolve your concerns as quickly as possible, ensuring that your visit will be to your complete satisfaction.

Contact details for patients who feel they would like to pursue matters outside our Practice:

Health Services Commissioner - Complaints and Information

Telephone: 1300 582 113

In person: Level 26, 570 Bourke Street, Melbourne (appointments recommended)

Online: <https://hcc.vic.gov.au/make-complaint>

**WE THANK YOU FOR TAKING THE TIME TO PROVIDE US WITH FEEDBACK
AND TRUST YOUR VISIT WITH US WILL BE TO YOUR COMPLETE
SATISFACTION.**



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Dear Patients,

We would greatly appreciate any praise, comments, suggestions or complaints you may have that would enable us to provide better services and quality care for our patients. Please sign and return to Management. All feedback, suggestions and complaints are kept confidential.

NATURE OF COMPLIMENT/COMMENT/COMPLAINT

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Date:

Your Full Name:

Phone Number:

Signature:

Thanking you
Doctors and Staff of Coolaroo Clinic