

Registration # _____

We welcome your feedback as it is vitally important in assisting us to provide quality care and services to our residents, their families and carers. All feedback will be treated confidentially.

Note: You may choose to remain anonymous however we would prefer to be able to provide you with feedback

Your Name: _____

Date: _____

Email: _____

Phone: _____

Are you a:	Resident	Family	Friend	Power of Attorney	Nominated Representative
	Contractor	Allied Health	Staff Member		

If your lodging this form on behalf of a resident, their name is _____

▪ Has the resident given their permission for you to do so? Yes No

Your feedback and how we might improve: _____

How to lodge: You can lodge your completed form in locked suggestion boxes found in the dining rooms or handed to a staff member at Reception. **Staff are available to assist** and confidentiality will be maintained.

Complaints: In the first instance, we appreciate the opportunity to resolve any complaints internally. However, if you wish to raise a complaint externally, please contact the Aged Care Quality and Safety Commission on **1800 951 822** (free) or complete an online complaints form at **agedcarequality.gov.au**

Advocacy: For additional external support, phone the Older Persons Advocacy Network Ph 1800 700 600

15 Bon Street, Alexandra VIC 3714 Phone: 03 5770 2100 Fax: 03 5772 2360

Email: info@kellocklodge.com.au www.kellocklodge.org.au

OFFICE USE ONLY

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Source:	Suggestion	Complaint	Compliment	
	Audit	Incident	Regulatory Update	

Immediate action taken / action plan

Remember to date every action taken

Result:

Please repeat the section below until all parties are satisfied

Report given to feedback provider: / /

Was the feedback provider satisfied with the result?

If yes, how do you know?

If no, document the action plan discussed

Transferred to CI Plan:	No	Yes	Date / /	Plan #
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Signature: _____

Date closed: / /