Please provide details of the event/feedback (continued):

Consumer Liaison Service
Phone: 3317 1478
Fax: 3317 1499
Email: CLO_MSOHS@health.qld.gov.au
Mail: **PO BOX 951 Coorparoo Qld 4151**

What would you like to see happen as a result of your feedback?

Compliments

- ☐ Thank staff member/team
- ☐ Other (please specify):_____

_____

Suggestions

- ☐ Improvements to services

Complaints

- ☐ Register my concern
- ☐ Improved access to service
- ☐ Change to the physical environment
- ☐ Explanation given
- ☐ Change in policy or procedure
- ☐ Apology provided
- ☐ Other (please specify):_____

_____

If you are making a complaint, would you like us to contact you to discuss your concerns and provide you with feedback following our investigations? ☐ Yes ☐ No

Do you require any of the following assistance?

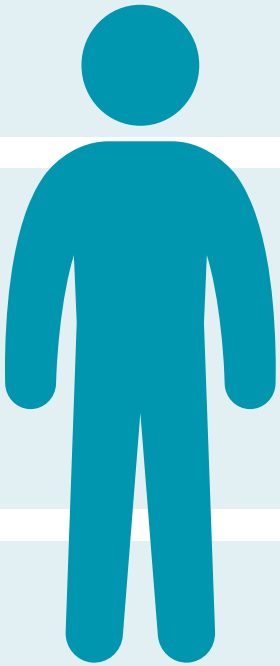
☐ Hearing impaired ☐ Visually impaired ☐ Interpreter

Partnering with Consumers - 2.9 Where information for patients carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review. *Standard 2, 2nd edition*

Last reviewed: November 2020
Review date: November 2023
Brochure no. PIB0396v2

Compliments, Suggestions and Complaints

Your opportunity to provide feedback to Oral Health



Make your feedback/complaint at the treatment level

OR

Formalise your complaint with the Consumer Liaison Service

OR

You can progress your feedback to an external source

We care about you

Queensland Government

How to progress

Consumer Liaison Service

At Queensland Health we are keen to receive your feedback. It assists us in improving our services both for you and your community. As a health care consumer, you have a right to provide feedback and have your concerns heard.

How to progress:

Make your feedback/complaint at the treatment level
- Immediate response

The manager of the ward or clinical area would like to resolve your issue or receive your feedback right away to be acted on immediately.

OR

Formalise your complaint with the Consumer Liaison Service
- This level of response is more involved and will take longer

You can formally provide feedback/complaint with the service by phone, email or in writing to the Consumer Liaison Service - details below.

They will review your feedback in association with the clinical team or using your clinical chart and will provide a response.

OR

You can progress your feedback to an external source
- This level of response is extensive, involving and will take time

You also have the option of contacting external parties, such as the Office of the Health Ombudsman.

Formalised complaints through external parties will receive a formal response. Please be aware that the Consumer Liaison Service is integral to external investigations so you may wish to consult with our service before progressing.

Details of feedback provider:

Full Name:_____

Date of Birth (If Patient): d d / m m / y y y y

Address:_____

_____

Suburb:_____

State:_____ Post Code:_____

Home Phone: ☐☐ -- ☐☐☐☐☐☐☐☐

Mobile: ☐☐☐☐ -- ☐☐☐ -- ☐☐☐

Email:_____

Are you the patient? ☐ Yes ☐ No

If no - Patient's Full Name:_____

Patient's Date of Birth: d d / m m / y y y y

Your relationship to the patient?

☐ Parent ☐ Child ☐ Sibling

☐ Partner ☐ Legal representative

☐ Other_____

Staff member's name:_____
(if known)

Location of Service:_____

Your Privacy:

We take your privacy seriously. It is important to note that there will be no record of your complaint attached to the patient's medical chart. All complaints are treated with the utmost confidentiality at all times. Compliments will be forwarded to relevant staff and their supervisors.

Details of the event/feedback:

Date of Event: d d / m m / y y y y

Please select one of the following:

☐ Compliment ☐ Suggestion ☐ Complaint

Please provide details of the event/feedback:

(Continued over page)