

If you are unsatisfied with your Feedback form resolution please contact:

Health Complaints Commissioner
Tel: 1300 528 113

Mental Health Complaints
Commissioner
Tel: 1800 246 054

Commissioner for Privacy and Data
Protection
Tel: 1300 666 444

Disability Services Commissioner
Tel: 1800 677 342

My Aged Care Complaints
Tel: 1800 200 422

How will you know what we did with your feedback?

- We try to contact you if you provide your details.
- We often design posters and TV displays with feedback outcomes.
- We add feedback improvements to our website.

Contact us:

📍 23 Lennox St, North Richmond 3121

☎ (03) 9418 9830

📧 nrch.com.au

📱 @NRCHaus

How to tell us about your experience with North Richmond Community Health

- talk to our staff
- speak with the manager or person in charge
- leave your feedback on our website: nrch.com.au
- fill out this form and place it in the black feedback box located at the bottom of the stairs
- speak with our Quality Manager on 9418 9974 between Monday and Friday (or leave a voicemail with your name and contact number).

Interpreting

Tell our staff if you require an interpreter or want a copy of our feedback form in another language.



consumer
consultation ✓

CEH
everyday
language ✓



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Feedback Form

Tell us about your experience with us. Please fill out this form and place it in the black feedback box.



We welcome feedback as it helps us to know what we are doing well and where we need to improve. All feedback is followed-up by one of our managers.

Date:

Name (optional):

Client ID (optional):

Are you a client?

Yes No

Do you identify as Aboriginal or
Torres Strait Islander?

Yes No

If yes, please tick below

- Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander

Would you like a staff member to
contact you about your comments?

Yes No

If yes, how would you like to be
contacted?

- Telephone
 Email
 Mail

What did we do well (compliment)? 😊

What didn't we do well (complaint)? 😞

What can we do to improve? 🤔

Office use only

Date feedback received:

Program received by:

By whom:

Entered into VHIMS Feedback by
program: