Compliments Comments & Concerns

# At San Carlo our aim is to provide a high standard of service to everyone.

Your feedback is important because it helps us to ensure that we are providing the best care and service possible.

You may want to provide feedback via:

- 1. Complimenting on a particular service or staff member.
- 2. Commenting on how we can improve our services.
- 3. Raising a Concern about a service, treatment or care.

## We care about your privacy.

All Concerns will remain confidential. The information you provide will be used to address your concerns and will be disclosed only to the relevant personnel.

## Thank you for your feedback

## The feedback procedure:

- 1. A thorough investigation will be undertaken should you have a concern. You will receive acknowledgement that we have received your concern and then a response will be prepared to outline any actions taken.
- 2. If you remain concerned that your issue has not been handled to your satisfaction or resolved you may contact **Rhonda Joiner CEO**, **a member of our Senior Management Team or the Nurse in Charge at San Carlo Homes for the Aged 970 Plenty Road, South Morang, 3752 Ph: 9404 1490 Fax: 9404 4390**
- 3. If your concern remains unresolved to your satisfaction you may wish to contact the Aged Care Quality and Safety Commssion Ph: 1800 951 822



San Carlo Homes for the Aged 970 Plenty Road South Morang, Vic, 3752 Ph: 9404 1490 Fax: 9404 4390 Email: sancarlo@sancarlo.com.au Web: www.sancarlo.com.au



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*We apprecíate and welcome your feedback* 

You may wish to withhold your personal details, however please note that if you do not provide your details we will not be able to respond to you personally.

Name:	Telephone:	Open Disclosure	
		Investigation &	
Address: Description of your Compliment, Comment, Concern: _		Record details h sions. (Attach e	
		Signed:	
		Feedback Initiator inform	
		Phone / fax / en	
Related resident/Unit:	Thank you!	Signed:	
Signed:	Please place this form in the suggestion box either on the unit or at reception. Attach extra sheets if	<b>Evaluation</b> Is the initiator s	
Date://	needed.		

#### **OFFICE USE ONLY**

Date received:	/	_/			
Date acknowledged:	/	/			
Phone / fax / email / letter / in person (circle)					
Open Disclosure Applied					

### & Action

here. Include dates of any discusextra sheets as necessary).

Date: / /

ned of actions taken / planned by:

mail / letter / in person (circle)

Date: / /

satisfied with the result?

Yes	Concern closed out				
No	Refer to feedback procedure				
Signe	ed:	Date:	/	/	