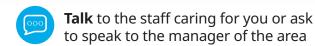
Do you need an interpreter?

If you need an interpreter when providing feedback, please speak with a staff member who can arrange an interpreter for you.

Indigenous Hospital Liaison Officers (IHLO) are also available to assist you. Please notify staff if you would like to speak to an IHLO.

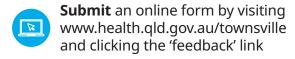
How can you provide feedback?

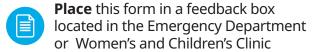














After you leave the hospital, you might get an SMS asking you to complete a short survey about your experience. Your feedback helps us make improvements.

The survey is optional and anonymous.

If you have a **compliment**, **suggestion** or **complaint**.

Please talk to the Patient Feedback Service team first.

The Townsville Hospital and Health Service welcomes all comments and feedback.

We respect your privacy and all feedback is handled confidentially and can remain anonymous.

We ensure that you will not be victimised, discriminated against or adversely affected as a result of the making of a complaint.

If you are not happy with the outcome of your feedback, there are independent services provided by the Office of the Health Ombudsman, Aged Care Complaints Scheme and NDIS Quality and Safety Commission that you can access.

If you need help making a complaint about aged care or NDIS services, an independent aged care advocate or independent disability advocate can listen to your concerns and give you information. They can speak up and make complaints for you.

The Patient Feedback Service team can provide you with further information and contact details for these services.



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Do you have a compliment, suggestion or complaint?

Please tell us!

Your feedback matters

Patient Feedback Service



Please tick: Feedback: **Compliment** What we did well **Complaint** Before you write, please let us fix your concerns first: 1. Speak to the staff caring for you 2. Discuss with the manager of the area 3. Still worried? Contact the Patient Feedback Service (details are on the back of this brochure). **Suggestion** What would you like to happen? Scan Which service/area does your feedback relate to? the QR code Are you a (please tick) to fill Patient/Resident/Client/Consumer Visitor/Community Member out the Family/Carer Other (please specify) online version of this form Would you like a response to your feedback? Yes (Provide contact details below) □ No Do you wish to remain anonymous? Yes (Do not provide contact details below) □ No Todays date: Name: Phone number: Email: Address: