

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

We take your privacy very seriously and all feedback is treated with the utmost confidentiality. You can also provide feedback anonymously.

Your comments will...

Let staff know about your good experience and ensure their efforts are acknowledged.



Assist the Townsville Hospital and Health Service identify areas needing improvement.

Where else can you go?

Please talk to us first.

However, if you are not happy with the outcome of your feedback, there are independent services provided by the Office of the Health Ombudsman and Aged Care Complaints Scheme. The Patient Feedback Service team can provide you with further information and contact details for these services.



To download an electronic copy of this form please scan this QR code.

How can you provide feedback?



Talk to the staff caring for you or ask to speak to the manager of the area



Place this form into a feedback box



Hand this form to one of our staff



Post it to:

Patient Feedback Service
Townsville Hospital
PO Box 670
TOWNSVILLE QLD 4810



Submit an online form by visiting www.health.qld.gov.au/townsville and clicking the 'Feedback' link

Email Patient Feedback Service on:



THHS-Feedback@health.qld.gov.au



Phone: (07) 4433 1074

If 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.



This patient information brochure supports National Safety and Quality Health Service Standard 1 - Governance for Safety and Quality in Health Service Organisations



This patient information brochure supports National Safety and Quality Health Service Standard 2 - Partnering with Consumers



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Townsville
Hospital
and Health
Service



Do you have a
**compliment, suggestion
or complaint?**

Please tell us!
PATIENT FEEDBACK SERVICE



Please tick:



Compliment

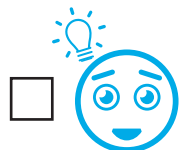
What we did well



Complaint

Before you write, please let us fix your concerns first:

1. Speak to the staff caring for you
2. Escalate to the manager of the area
3. Still worried? Contact the Patient Feedback Service (details are on the back of this form)



Suggestion

What would you like to happen?*

Feedback:*

Which service/area does your feedback relate to?: _____

Are you a (please tick)

☐ Patient/Resident/Client/Consumer ☐ Visitor/Community Member
☐ Family/Carer ☐ Other (please specify) _____

Would you like a response to your feedback?: ☐ Yes (Please provide contact details) ☐ No

Do you wish to remain anonymous? ☐ Yes (Please do not fill out details below) ☐ No

Today's date: _____ Name: _____

Phone number: _____ Email: _____

Address: _____