OFFICE USE

To complete by executive officer or delegate

☐ Compliment ☐ Complaint/Concern ☐ Improvement

Response to author (if requested): .....

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Date/Time/Method: .....

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Provided by 5 working days: ☐ Yes ☐ No

Proposed action taken / outcome / evaluation

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Evaluation / outcome

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Evaluation Feedback: ☐ Consumer ☐ Staff

☐ To CIP CIP Number: .....

Executive Officer: .....

☐ Closed Date: .....

Amber Aged Care

58 Avenue Road Paradise SA 5075

Phone: 08 8465 5500 **fax:** 08 8365 3723

www.amberagedcare.com.au

amber-aged-care

We welcome your feedback as opportunities for improvement

Name: .....
Optional

Date: .....

☐ Consumer ☐ Relative ☐ Staff ☐ Visitor

☐ Other: .....

Please indicate if you require feedback:

☐ Meeting ☐ Letter ☐ LeeCare

☐ Phone: .....

☐ Email: .....

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Our response process

We will contact you within 5 working days to achknowledge receipt of your form (if name and cointact details are provided). Our expectation is that we will resolve issues within 21 days.

Compliment / complaints / suggestion for improvement (please describe)

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Do you have any suggestions for improvement?

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What outcome would you like to see?

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Register Number: .....