

We value your feedback

Mater Newcastle

Calvary Mater Newcastle welcomes your feedback so we can better understand what is working well and/or how we can improve our services. You may wish to tell us why you are happy with your care, share your concerns, compliment a staff member or make a suggestion. If you provide your contact details, we will acknowledge your feedback. We aim to resolve complaints within 35 days. If your concern is complex, it may take longer. If this is the case, we will contact you to let you know.

If you need assistance completing this form, please ask a Calvary Mater Newcastle staff member.

Section 1 - About you

First name: _____ Last name: _____

Address: _____

State: _____ Post code: _____ Date of birth: ____ / ____ / ____

Email: _____ Phone number: _____

Confidentiality

All feedback is carefully considered. We will keep your personal information confidential, and will only use your name and any other identifying information to review the care provided to the patient. If you choose to remain anonymous, your feedback will be carefully considered, however, if your feedback relates to patient care, we will be unable to provide you with a response.

Are you the patient:

Yes No

If you answered no, please complete section 2 of this form below, if your feedback relates to the care of a patient.

*** Please note, we may be required to seek patient consent before releasing any details about the patient's personal information to you.*

If you wish to be contacted, please indicate your preferred method:

Phone

Email

Postal

Section 2 - Please complete if your feedback relates to care of a patient**

Patient's first name: _____ Patient's last name: _____ Patient's date of birth: _____

Patient's address: _____ Post code: _____

Email: _____ Phone number: _____

What is your relationship to the patient? Spouse/partner Next of kin Parent

Child Sibling Guardian Other _____

Please turn over to complete second page



Section 3 – Feedback details

Type of feedback: Complaint Compliment Suggestion
(please tick)

Please provide as much detail as possible (eg. the name of the unit, ward, clinic or service, dates, times and staff details). This information will help us look into your concerns or share your compliment with our staff. If you need more space, please feel free to attach a letter to this form.

Date/s of event: _____ Unit, ward, clinic or service: _____

Inpatient Outpatient Other _____

Feedback: _____

If you are letting us know about a complaint, what would you like to see happen as a result? (please tick)

Your concern acknowledged and formally registered Apology Explanation If other, please provide details below

Staff education or training Improved access to services

Next steps

Please hand this form to a Calvary Mater Newcastle staff member.

Or you can post it to:

General Manager
Calvary Mater Newcastle
Awabakal Country
Locked Bag 7
Hunter Region Mail Centre NSW 2310

Or email to feedback@calvarymater.org.au

Further advice

The following independent organisations are available to assist, if required:

Health Care Complaints Commission
 P: 1800 043 159 or www.hccc.nsw.gov.au

NSW Ombudsman
 P: 1800 451 524 or www.ombo.nsw.gov.au

Information & Privacy Commission
 P: 1800 472 679 or www.ipc.nsw.gov.au

