

YOUR FEEDBACK

We value all feedback, positive or negative, to help us to improve our Hunter PIR service.

DETAILS OF YOUR FEEDBACK

Date: ____/____/____

Please select the appropriate category that best suits your feedback:

- Positive feedback
- Enquiry/general feedback
- I wish to make a complaint

Please provide details of your feedback (including what happened, who was involved and any relevant dates):

Was there a particular staff member involved (Name)? _____

Do you wish us to contact you to discuss this matter further?

- Yes
- No

If you are making a complaint, what would you like to happen for your complaint to be resolved? :

YOUR DETAILS

Name: _____ Sex: M F Other _____

Address: _____

Suburb: _____ Postcode: _____ ☎ Mobile _____

☎ Phone: Home _____ Email: _____

Preferred contact method: Phone (Home) Phone (Mobile) Email

Are you registered with Indigenous Mental Health Care Coordination? Yes No

Do you have a support person: Family Member Carer Support Worker Other

Name: _____ Contact details: _____

Are you making this complaint on behalf of another person? Yes Their name? _____

(Note: Without the person's written consent we may not be able to provide personal information about this person in our response to your complaint?)

We will contact you as soon as possible after receiving your Feedback Form, and may seek further information to help us resolve your complaint.

For more information phone 1300 656 608 email us at info@hunterprimarycare.com.au or by mail to
PO Box 572 NEWCASTLE 2300