

## Complaints and Compliments Form

<b>GENERAL INFORMATION</b>	
Name:	
Date:	
How did you contact HCA?	<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> website <input type="checkbox"/> letter <input type="checkbox"/> Facebook <input type="checkbox"/> in person
Are you an HCA member?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you a...	<input type="checkbox"/> health consumer / patient <input type="checkbox"/> family member / carer <input type="checkbox"/> service provider <input type="checkbox"/> other _____
What is your preferred contact method?	<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> letter <input type="checkbox"/> in person
What is your feedback type?	<input type="checkbox"/> compliment <input type="checkbox"/> complaint <input type="checkbox"/> other feedback (information only, no action required)
<b>DETAILS</b>	
<p><b>Hint:</b> Make your information clear and to the point so we understand the issues. Include any relevant dates, names and details of conversations. Outline events in the order they happened. Explain how you were affected.</p>	

**DETAILS continued**

**ACTION AND OUTCOMES**

What action do you think should be taken to achieve your preferred outcome?

