

## Office Use Only

Date Received: \_\_\_\_\_

Person who received comments /  
complaints form:

\_\_\_\_\_

How was the comments/complaint  
received:

- Mail
- In Person
- Suggestion Box

Initial Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further Action Needed: Yes / No

What action is needed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Outcomes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

## How can a complaint be made?

As a general rule there are three levels a  
complaint must progress through:

1. Initially the complaint should be  
addressed to the individual staff member  
to give them an opportunity to respond  
directly.
2. If you believe the complaint has not been  
resolved following step 1, you may then  
direct your complaint to the Director of  
Nursing / Manager for review and  
response.
3. If you still believe the complaint has not  
been addressed by the Director of  
Nursing / Manager it may progress to the  
YDMH Board of Management for  
response.

If after following this process, you believe  
your complaint has not been satisfactorily  
addressed, you may contact:

### For Hospital Patients:

The Health Services Commissioner  
Level 30, 570 Bourke Street  
Melbourne VIC 3000  
Ph: (03) 8601 5200  
Freecall: 1800 136 066  
Email: [hsc@dhs.vic.gov.au](mailto:hsc@dhs.vic.gov.au)

### For Residents in Rosebank:

Aged Care Complaints Commissioner  
GPO Box 9848  
Melbourne VIC 3000  
Ph: 1800 550 552

# Tell Us What You Think

**Please tick the box that best  
applies to you:**

- Comment**
- Suggestion**
- Complaint**



**45 Station Street**

**Yea VIC 3717**

**Ph: 5736 0400**

**Fax: 5797 2391**

**Email: [yeahospital@humehealth.org.au](mailto:yeahospital@humehealth.org.au)**



Reviewed by the YDMH Publication  
Review Group

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PUB 684

Why your comments are valuable to us:

Yea & District Memorial Hospital prides itself on providing the community with a quality health service.

Your comments, suggestions and complaints are important to us, they assist us to review and improve our health service.

This form can be used by patients, residents, clients, staff, family and visitors.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Your connection with Yea & District Memorial Hospital:

- Patient
- Client
- Resident
- Visitor
- Staff
- Contractor
- Visiting Agency
- Other

Please document below your comment, suggestion and/or complaint:

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Who have you spoken to?

- No one
- Nurse
- Cleaner
- Person in Office
- Management
- Kitchen Staff
- Family & Friends
- Another Patient

Were they any help?

- Yes
- No

What did they suggest?

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Do you have any suggestions for a resolution?

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Would you like us to contact you regarding this matter?

- Yes     No

Urgency:    High    Medium    Low

**To return this form:**

Mail: 45 Station Street, Yea Vic 3717  
or  
Place in the suggestion boxes at reception or the nurses station  
or  
Hand directly to a staff member