



QUIRINDI CARE SERVICES

We welcome your feedback.



Quirindi Care Services is committed to providing you and your loved ones with high quality care and services that meet your needs, and expectations.

We value all feedback – including complaints.

Please let us know what we do well and where we can improve our service.

Nature of Feedback

Complaint

Compliment

Suggestion

I am a:

Resident

Representative/Advocate

Employee

Feedback

Follow up (optional)

Please provide your details if you would like us to contact you about your feedback.

Name: _____

Phone / email: _____

Thank you for taking the time to provide feedback about our service.

Please place completed form in the boxes marked 'Feedback' located on each level, and at the main entrance.
Alternatively, you can submit written feedback via email using: qualityassurance@qcs.asn.au

Office Use Only						
Date Received:		Location:		Entered into Register:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial:
Acknowledgement Sent (Date):		Actioned:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why:		
Outcome/final Response Sent (Date):		Item Closed (Date):		If not resolved, escalate as per protocol.		