



Maryborough District
Health Service

We value your feedback



**We welcome and
encourage
feedback to help
us improve our
care and services**

Amongst other rights, as a patient (or client or consumer), you have a right to make a complaint about the services you have received in hospital and be assured that it will have no adverse effect on the care provided.

Thank you for sharing your views.

We will investigate the issues you have raised and respond as soon as we can (within 30 days).

If you are not satisfied with the response you receive or do not wish to discuss the issue internally, you may contact:

Health Services Commissioner

Level 26, 570 Bourke St
MELBOURNE VIC 3000
Tel: 1300 582 113 or 1800 136 066
Email: hsc@dhs.vic.gov.au

Office of the Public Advocate

PO Box 13175
Law Courts
MELBOURNE VIC 8010
Tel: 1300 309 337

Department of Health & Aged Care

Complaints Unit
GPO Box 9848
MELBOURNE VIC 3001
Tel: 1800 550 552



National Standards\2. Partnering with Consumers\Policies & Procedures
Brochure Ref: Consumer Feedback > June 2015

Your opinion matters. Please tell us how you would rate:

The opportunity to ask questions about your condition / treatment

The way staff involved you in decisions about your care

The willingness of staff to listen to your health care problems

Satisfaction with responses to concerns you raised

If you had a meal provided, how the meals met your dietary needs

How the hospital addressed any special / cultural needs

The degree to which staff gave me exactly what you wanted (and needed), when you wanted (and needed) it

I would recommend this hospital to my family and friends

Using a number from 1-10, with 10 being the best hospital possible, how would you rate this hospital during your stay?

	Very Poor	Poor	Fair	Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ YES

☐ NO

/ 10

At Maryborough District Health Service, we are keen to know what our consumers think of our services as it helps us to consistently monitor and improve what we do.

We invite consumers to talk directly to staff about their experiences in the hospital as a patient or as a visitor.

If you have any immediate concerns, please talk to a staff member straight away so that we can fix any problem as soon as possible. We take your concerns and complaints seriously and have a complaints system that ensures all issues are dealt with in an appropriate and timely manner.

Please tick if you are any of the following:

- ☐ Patient ☐ Resident ☐ Staff member
☐ Visitor ☐ Client ☐ Contractor/Supplier
☐ Other _____

**If you wish to remain anonymous,
please leave this section blank:**

Mr / Mrs / Ms / Miss (please circle)

Name _____

Address _____

Postcode _____

Telephone (optional) _____

Date: ____ / ____ / ____

Would you regard the feedback you have provided as a:

- ☐ Compliment ☐ Complaint ☐ Suggestion

Your feedback

Which department does your feedback relate to?

- ☐ Administration
☐ Amherst Ward
☐ Avoca Nursing Home & Hostel
☐ Building & Services
☐ Community Services
☐ Dialysis
☐ District Nursing
☐ Dunolly Nursing Home
☐ Executive
☐ Hotel Services
☐ Maryborough Nursing Home
☐ Medical Imaging
☐ Other
☐ SDU
☐ Stores
☐ Theatre / Day Surgery
☐ Urgent Care Centre

**We invite you
to send your
feedback by post to:**

Complaints Manager
Maryborough District Health Service
PO Box 155
MARYBOROUGH VIC 3465

**or via any of the
Suggestion Boxes located
throughout each campus
of MDHS**