



John Paul Village

Feedback Form

Date: _____

Feedback is a: Concern Compliment
 Suggestion Hazard
 Other: *(specify)* _____

Provided by: _____
(please print name – optional)

Employee Contractor Other: *(specify)*
 Resident Volunteer _____
 Visitor Resident/Client Representative

How can we contact you: *(optional)*

Address: _____

Phone: (work) _____ (home) _____
(mobile) _____ (email) _____

What would you like us to know:

(Describe the issue, where and when is it occurring)

What would you like us to do

(Describe the Suggested Solution, if applicable)

**Thank you for taking the time to provide this feedback
Please place the forms in the Feedback Boxes located throughout the organisation.**

Your feedback is important to us...

We welcome feedback about the care and services we are providing and about issues you may be experiencing. We value any input as we are committed to continually improving the way we do things to ensure that we always meet your needs.

This form may be completed by employees, residents, visitors or other individuals interacting with John Paul Village who have a concern, have identified a problem, potential problem or hazard, or who wish to make a suggestion or commendation.

If you would like your feedback to remain confidential please place this form in an envelopes marked *"Private and Confidential – Chief Executive Officer / Director of Nursing / Community care Coordinator or Human Resource Manager."*

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GM 03f - Feedback Form
Version 2.0: February 2015. Review February 2017.



We Value Your Feedback