

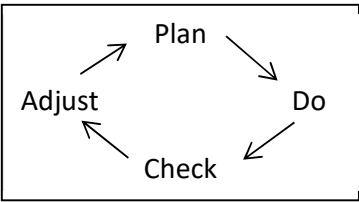


WHERE COULD WE IMPROVE?

OP – 119b

Meath Care (Inc) is committed to continually striving to deliver the very best services to our consumers. We value your feedback as this ultimately assists us to ensure we are delivering the best level of service we can.

Name:	Signature:	Date:
I am a: <input type="checkbox"/> Consumer <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____		
This is a: <input type="checkbox"/> Suggestion <input type="checkbox"/> Concern		
Please provide us with details of your feedback and any accompanying information that you think is relevant: 		
What is your suggested solution(s) to the issue(s) 		
Would you like any of the following to occur as a result of your feedback? <input type="checkbox"/> Apology <input type="checkbox"/> Explanation <input type="checkbox"/> Brought to attention of staff <input type="checkbox"/> Change in procedure or policy <input type="checkbox"/> Not sure, I am just registering my concern		
Would you like to receive a response to your feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How can we best contact you? Postal Address: _____ Email Address: _____ Mobile: _____		



Take this form and tell us what your idea / problem is and what you would like us to do about it.

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If you wish, you can tell a staff member and they can write it down for you.

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Give it to a staff member or manager, alternatively you can place it in the suggestions box near reception/email or post

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The manager will take action and, if you include your name, will get back to you within 72 hours with a response.

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The manager will talk to staff, or senior management if necessary.

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Confidentiality will be maintained. Comments can be anonymous if you wish.

OFFICE USE ONLY

Relates to STD: 1 2 3 4 5 7 8	Log No:	
	PCI No.:	
Action Taken By:	Date:	
Actions documented on CI log:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Transferred to CI Plan:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Complaint Risk Assessment:	<input type="checkbox"/> HIGH <input type="checkbox"/> MED <input type="checkbox"/> LOW	
Feedback provided to originator/others?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Manager Signature:	Date:	