

## We value your feedback

At McLean Care® we value your feedback and are always looking at ways to improve. We will take your feedback seriously and aim to resolve any issues quickly.

We appreciate your help in assisting us to provide the best possible care and services—and listening to where we are doing well or areas where we need to improve assists us greatly. You are also always welcome to speak to a senior member of staff or our leadership team.

## What will we do when we receive your feedback?

If the feedback is a complaint or a suggestion, we will investigate the issue and address it, and keep in touch with you about what we are doing. We will also be tracking our progress and recording what is being done.

Please also feel free to contact us at any time – about the progress we are making or anything else to do with your feedback.

If the feedback is a compliment, we will be recording it and passing your compliment on to those involved.

## What do I do with this form?

You can:

- Place the completed form in the Feedback Box located at any of our sites.
- Scan and email back the completed form to [feedback@mcleancare.org.au](mailto:feedback@mcleancare.org.au)
- Place it in an envelope and post to

McLean Care®  
PO Box 360  
INVERELL NSW 2360

# Feedback Form

For more information call our team on  
1300 791 660  
or visit

[www.mcleancare.org.au/contact-us](http://www.mcleancare.org.au/contact-us)



McLean Care®



Date:

Type of Feedback  Complaint  Compliment  Suggestion

**Details of person providing feedback (optional)**

<b>Name:</b>	First:	Last:	
<b>Address:</b>	Street:		
	Suburb	State:	Postcode:
Telephone:	Email:		
<b>Relationship to person receiving services:</b>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Advocate	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Staff Member <input type="checkbox"/> Other

**Details of person receiving the services (if same as above, please leave blank)**

**Site / Service:**

<b>Name</b>	First:	Last
<b>Room Number / Address</b>		

**Feedback Details / Issue:**


**What would you like to see happen? (what are your desired outcomes?)**


<b>Has this issue been raised before:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If YES, with whom was it raised?</b>	<b>When was it raised?</b>	
<b>What was the result?</b>		

**Thank you for your feedback and the opportunity it brings to improve our services**

**Office Use Only**

<b>Date Received :</b>	<b>Date entered into EQ Stats :</b>
<b>EQ Stats Reference Number :</b>	<b>Acknowledgement Provided :</b>
<b>Assigned to First Name :</b>	<b>Last name :</b>
<b>Scanned and attached to EQ Stats entry</b>	<input type="checkbox"/> Yes