

Title: Feedback Form
Department: Organisational
Approved by: Operational Governance Committee



FVC FEEDBACK FORM

Forest View Care encourages you to **share your valuable feedback**. Forms can be returned via a staff member or by post to: *Service Manager, c/o Forest View Care, 4 Morgan St, Childers QLD 4660.*

USE THIS FORM FOR THE FOLLOWING: -

- Feedback** = information provided about service delivery and care. It can include compliments, complaints or suggestions to improve services.
- Hazard** – is a source or a situation with the potential to cause harm, injury or ill-health, damage to property, damage to the environment, or a combination of these. – Use **FVC-D-002 Feedback Form** instead.
- Incident / Near Miss** – an event that has occurred or nearly occurred impacting on normal service delivery. It does not always involve harm / injury / property damage. – Use **FVC-D-002 Incident Form** instead.

FORM ALSO AVAILABLE ONLINE:- https://form.jotform.com/Forest_View_Care/fvc-feedback-form

Your Contact Details (*Person providing feedback*)

First Name:

Last Name:

Position/Role (if applicable):

Contact Number:

Email Address:

Feedback Details

Date:

Time:

This is a: (select most relevant)

Compliment

Complaint

Suggestion

I am a: (select most relevant)

Support at Home Recipient

Aged Care Facility Resident

Resident of the Village

Family member /
Representative

Health Care Professional /
Advocate

Staff Member

Other (*provide details*):

FVC-D-001

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Review By: O.G.C.

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My feedback is: _____

My suggested solution is:

Follow up: *(optional)*

Please advise whether you would like us to contact you about your feedback.

- Yes – I would like to be contacted.**
- No – I would NOT like to be contacted.**

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

Note:

*Clients, families, carers, and others can safely report concerns through our **Whistleblower Policy (FVC141)** – with the option to have their disclosure managed as a complaint or a protected whistleblower report—without fear of reprisal.*

For a copy of this policy, or any others, please call 07 4126 2455.

For aged care translation service call 1800 271 034 or TIS National (Translating and Interpreting Service) on 131 450.

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Section B – Management use only

(This information is recorded privately and securely on the FVC Feedback Register)

Date received ____/____/____

Response Date ____/____/____

Was the feedback investigated? Yes / No

Outcome including any contributing factors or identified causes: _____

Signature of Investigator: _____

Date: ____/____/____

Has the person giving feedback been advised of the outcome? N/A / Yes / No

Person's response including further considerations or investigations required: _____

If positive feedback, has relevant staff member been informed? Yes / No

Section C – Continuous Improvement Activities

Do systems or protocols need amending? Yes / No

Recommendations including training opportunities, update to documentation or service redesign:

Actions and timeframes for resolution: _____
