

**Title:** Feedback Form  
**Department:** Organisational  
**Approved by:** Service Manager



# FEEDBACK FORM

**We welcome your feedback.**

*Forest View Care encourages consumers to share your valuable feedback. We are committed to providing high quality care and services to meet your needs. Please let us know what we do well and how we can improve our services. Forms can be returned via a staff member or by posting to – The Service Manager, Forest View Care, 4 Morgan St, Childers QLD 4660.*

*For translating and interpreting services (TIS National), call 131 450 and ask for 1800 200 422.*

*For Aboriginal and Torres Strait Islander interpreting services, call My Aged Care on 1800 200 422 and ask for an interpreter.*

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**This is a:**     Compliment                       Complaint                       Suggestion

**I am a:**     Home Care Recipient             Aged Care Facility Resident     Resident of the Village  
 Family member / Representative     Health Care Professional / Advocate     Staff Member

My feedback is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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My suggested solution is:

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**Follow up:** *(optional)*

Please provide your details if you would like us to contact you about your feedback.

(If not, please leave blank)

Name: \_\_\_\_\_

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Phone / email: \_\_\_\_\_

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

**Section B – (Management use only)**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Response Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the feedback investigated? Yes  / No

Outcome including any contributing factors or identified causes: \_\_\_\_\_

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Signature of Investigator: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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 (Management use only)**

Has this feedback been entered into the *FVC Feedback Register*? Yes  / No

Do systems or protocols need amending? Yes  / No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions and timeframes for resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Feedback**

Our commitment to you is that:

*We will deal with each issue fairly, promptly and without retribution. Clients, relatives and staff are able to give feedback formally or informally. All feedback is recorded in a file in the main office, monitored for trends and acted upon to ensure a satisfactory resolution. With your help we can ensure that Forest View Care continues to pursue excellence in meeting the needs of our residents, clients and community.*

*This document can also be viewed and submitted online at [https://form.jotform.com/Forest\\_View\\_Care/fvc-feedback-form](https://form.jotform.com/Forest_View_Care/fvc-feedback-form)*

FVC-D-001		
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