



Health
Hunter New England
Local Health District

We value your feedback

Hunter New England Health welcomes your feedback so we can better understand what is working well and how we can improve our services. You may wish to tell us why you are happy with your care, share your concerns, compliment a staff member or make a suggestion. If you provide your contact details, we will acknowledge your feedback, and we aim to resolve complaints within 35 days. If your concern is complex, it may take longer. If this is the case, we will contact you to let you know.

If you need assistance completing this form, please ask a Hunter New England Health staff member.

Section 1 - About you

First name: _____ Last name: _____ Date of birth: _____

Address: _____

State: _____ Post code: _____

Email: _____ Phone number: _____

Confidentiality

All feedback is passed onto the relevant hospital or service and carefully considered. We will keep your personal information confidential and will only use your name and any other identifying information to review the care provided to the patient. If you choose to remain anonymous, your feedback will be carefully considered, but we will be unable to provide you with a response.

Do you wish to remain anonymous?

Yes No If no, please include your contact details in Section 1 of this form above.

Are you the patient?

Yes No

If you answered no, please complete section 2 of this form below, if your feedback relates to the care of a patient.

*** Please note, we may be required to seek patient consent before releasing any details about the patient's personal information to you.*

If you wish to be contacted, please indicate your preferred method:

Phone Email Postal

Section 2 - Please complete if your feedback relates to care of a patient**

Patient's first name: _____ Patient's last name: _____ Patient's date of birth: _____

Patient's address: _____

State: _____ Post code: _____

Email: _____ Phone number: _____

What is your relationship to the patient?

Spouse/partner Next of kin Parent Child Sibling

Legal representative Guardian Enduring power of attorney Other

Section 3 - Feedback details



Type of feedback: Complaint Compliment Suggestion
(please tick)

Please provide as much detail as possible (eg: the name of the hospital, unit, ward, clinic or service, dates, times and staff details). This information will help us look into your concerns or share your compliment with our staff. If you need more space, please feel free to attach a letter to this form.

Date/s of event: _____ Hospital, ward,
clinic or service: _____

Inpatient Outpatient Other _____

Feedback:

If you are letting us know about a complaint, what would you like to see happen as a result? (please tick)

- Your concern acknowledged and formally registered
 - Apology
 - Explanation
 - If other, please provide details below
 - A change to physical facilities or the building
 - Staff education or training
 - Improved access to services
- _____

Next steps

Please hand this form to a HNE Health staff member.

Alternatively, you can post it to:
Strategic Relations and Communication
Hunter New England Health
Locked Bag 1, New Lambton NSW 2305

Or email to HNELHD-SRC@health.nsw.gov.au

Further advice

The following independent organisations are available to assist, if required:

Health Care Complaints Commission
Ph 1800 043 159 or www.hccc.nsw.gov.au

NSW Ombudsman
Ph 1800 451 524 or www.ombo.nsw.gov.au

Information & Privacy Commission
Ph 1800 472 679 or www.ipc.nsw.gov.au