It is imperative to ATSICHS Mackay that we meet international and national health care standards as part of our commitment to the community to provide quality, safe and responsive primary health care. We aim to achieve and deliver the highest level of holistic health care.

ATSICHS Mackay requires and welcomes your feedback to ensure we are meeting community’s needs.

You’re welcome to have someone assist you complete this form. This can be your family, a friend or one of our staff members, if you wish.

**If you would like a response to your comments, please ensure you leave your contact details.**

*OPTIONAL (you may remain anonymous if you wish)* –

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

**The best way to contact me is by:**

Phone/ Email/ Address: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am making a complaint on behalf of someone else:**

The person is aware I am making a complaint on their behalf Yes / No

My relationship with the person is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to complain about:**

Service ATSICHS provides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Complaint is:**

Use the space below to provide a short outline of your complaint. Please include what happened, when it happened, who was involved and attach any relevant documents you have to the back of this form, if necessary.

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**The main issues I am concerned about are:**

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**In future I would like the following changes to be made:**

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**Please send this complaint to: Executive Manager – Valerie Pilcher**

Email: complimentsandcomplaints@atsichs.org.au

Mail: Po Box 1099

Mackay QLD 4740

or by using our feedback collection point at each of our clinics.

**Alternatively, if you are not satisfied with our response or feel uncomfortable talking with us directly, you can contact the Office of the Health Ombudsman at oho.qld.gov.au or by phoning 133OHO (133646)**

OFFICE USE ONLY

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcategory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Related Business Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access Control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uploaded into QMS:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ref No: \_\_\_\_\_\_\_\_\_\_\_\_