

What happens with your feedback?

MARONG MEDICAL PRACTICE

Marong Medical Practice welcomes all feedback to help us Continually improve our service

Compliments

Your compliment will be passed on to the member of staff or team who have been mentioned in the compliment. The compliment will also be acknowledged by the Practice Manager and filed in our Service Improvement Register. It may also be used as evidence of good practice and help other service areas to continually improve service.

Comments

Your comments will be passed on to the Practice Manager for consideration in line with our continuous improvement system. If you have requested a response to your comment, we will contact you within 7 days to advise you of what action has been taken.

Complaints

Marong Medical Practice supports the right of our service users to make a complaint and will strive to resolve all complaints in a timely and satisfactory manner. No one will be treated less favourably or penalised for making a complaint and complaints are treated with confidentiality. A response to a complaint will be sent within 1 week however we will advise you if the response may take longer and the reason for the delay.

| Today's Date: | _ | | | | | | | | |
|---|--------------------|------------|---------|--------|--------|--------------------|-------|-------|----------------|
| (Please circle one | from eac | h below ca | tegory) | | | | | | |
| Age Group: | 0-15 | 15-20 | 20-25 | 25-30 | 30-35 | 35-45 | 45-55 | 55-65 | 65+ |
| Gender: | Male | | Female | | Other | | | | |
| Status: | Married/Defacto Si | | Single | Wido | wed | Divorced/Separated | | ated | Under 15 years |
| Visits Doctor/GP: | | Rarely | | Often | | | | | |
| | | | | | | | | | |
| (Optional) | | | | | | | | | |
| Name | | | | | F | hone | | | |
| | | | | | | | | | |
| Address | | | | | E | mail | | | |
| | | | | | | | | | |
| Please tick the relevant box: | | | | | | | | | |
| □ Comp | liment | □ Comr | ment | □ Comp | olaint | | | | |
| If you have made a comment or complaint, do you require a response? | | | | | | | | | |
| □ No | | □ Phone | Э | | | | | | |
| □ Letter | | □ Email | | | | | | | |
| Please write your compliment, comment or complaint below: | | | | | | | | | |
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