



Compliments, Suggestions & Complaints

We would prefer to receive your name and address details, but this is optional. Be assured that your comments will be treated confidentially.

Name (optional) _____

Address _____

Telephone _____

Today's date _____

Ward/Room _____ Day Procedure Patient _____

At which Cabrini facility were you a patient?

Malvern Brighton Ashwood Prahran Elsternwick

Were you contacted/visited by our home care services? Yes No

If 'yes', which specialty? _____

Once completed, please send to:

Customer Relations Manager, Cabrini Health, 183 Wattletree Road, Malvern, Vic., 3144.

