

REPLY PAID 552

Customer Relations Manager
Cabrini Health
183 Wattletree Road
MALVERN VIC 3144

Cabrini's values of compassion, integrity, courage and respect reflect what we believe and drive how we act.

We thank you for taking the time to let us know your thoughts on Cabrini's services.

Further avenues for complaints are:

Aged Care Quality and Safety Commission

Ph: 1800 951 822 www.agedcarequality.gov.au

Elder Rights Advocacy

Ph: 1800 700 600 www.era.asn.au

Health Complaints Commissioner

Ph: 1300 582 113 www.hcc.vic.gov.au

Office of the Public Advocate

Ph: 1300 309 337 www.publicadvocate.vic.gov.au







Tell us what you think



We want to hear your thoughts about Cabrini

Your feedback will help us to improve our services and acknowledge staff who have provided exceptional service.

If possible, we encourage you to discuss any concerns you have with your Nurse Manager if you are a current inpatient. This will allow us to resolve your concerns as quickly as possible. Alternatively you can provide any feedback in the following ways:

- Email crm@cabrini.com.au
- Complete the online feedback form at www.cabrini.com.au/feedback
- Fill in this form and put it into the collection box at Reception or pop it in a mail box (free postage)
- Phone the Customer Relations Manager on (03) 9508 1661

Further avenues for complaint management can be found on the back of this brochure.

Please let us know what you thought about the care and service you received. If you have any concerns, comments or suggestions, please list them right.

We would appreciate your contact details so that we can follow up on any feedback directly with you. Please be assured your comments will be treated confidentially.

Where did you receive care?

Please list the location(s) where you received care (this could include Cabrini hospital sites, specialist centres, health facilities or treatment in your home): Concerns/suggestions Name (optional):

Compliments

Has a staff member provided exceptional care or service?

COMPASSION INTEGRITY COURAGE RESPECT		
AGE RESPECT	RECOGNITION OF exceptional service	COMPASSION
TY COURAGE	To (name of staff member/s):	INTEGRITY
INTEGRITY	FOΓ (briefly describe what they did):	COURAGE
COMPASSION		E RESPECT
RESPECT		COMPASSION
COURAGE	Ward or department providing the service:	ON INTEGRITY
INTEGRITY	Francis ()	ITY COURAGE
COMPASSION	From (your name – optional):	AGE RESPEC
	DMPASSION INTEGRITY COURAGE RESPEC	



Email:

Phone:

Address:

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