WHAT WILL HAPPEN WITH MY FEEDBACK

Carinya Home values all feedback and welcomes compliments, suggestions and complaints to help us to improve our services. Once completed your feedback will be processed through to the the Quality Manager who will liaise with our senior team regarding your feedback.

If you have requested it, we will let you know that we have received your feedback within 5 business days and will detail the next steps we are taking. For urgent matters please directly contact our Clinical Care Leader, Director of Care, or Chief Executive Officer.

TAKING FURTHER ACTION

If you wish to take further action or would like help understanding your rights, external services are available to help.

- Aged Care Quality and Safety Commission (ACQSC)
  www.agedcarequality.gov.au
- Older Persons Advocacy Network (OPAN)
  https://opan.org.au

HOW TO SUBMIT FEEDBACK FORM

Completed feedback forms can be placed in the feedback box located at main reception or handed to reception staff. Alternatively, feedback may be submitted via email or mail using the below details.

admin@carinyahome.org.au

PO Box 522
Atherton QLD 4883

We are proud of
CARINYA HOME

Our residents form the heart of the Carinya community. All we do is centred around their comfort and care. Our place is where loved ones are welcomed and residents enjoy all of life's possibilities. Welcome to Carinya Home.

Contact Us

Carinya Home for the Aged
Phone: (07) 4091 2177
Email: admin@carinyahome.org.au
www.carinyahome.org.au
PO Box 522
Atherton QLD 4883

COMPLAINTS
COMPLIMENTS
SUGGESTIONS

Your Feedback

This form can be used to provide feedback regarding any service provided at Carinya. Feedback may be a compliment, a suggestion or even a complaint.

My Feedback is a:

◯ Compliment ◯ Suggestion ◯ Complaint

I am a:

◯ Resident ◯ Family, Friend, Carer ◯ Staff

◯ Other please specify:_____

My Details are:

◯ I wish to remain anonymous

Mr / Mrs / Miss / Ms

First Name: _____

Last Name: _____

Address: _____

_____

_____

Email: _____

Phone Number: _____

Signature: _____

Date completed: _____

My Feedback is:

Regarding the information you have shared with us, do you have any Ideas on the changes you would like to see?

Office use only:

Date entered into ECase:

_____