

Have Your Say Form

Shepparton Villages values your feedback and we encourage all to have your say. We view your feedback as an opportunity to improve our services and care to Residents, Clients, Visitors and Staff.

What area of our service does this apply to: (Please tick appropriate area)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Banksia Lodge | <input type="checkbox"/> Hakea Lodge | <input type="checkbox"/> Acacia House | <input type="checkbox"/> Maculata Place – Ground Floor | <input type="checkbox"/> Maculata Place – Level 1 |
| <input type="checkbox"/> Bertram House | <input type="checkbox"/> Kitchen / Food | <input type="checkbox"/> Maintenance / Gardening | <input type="checkbox"/> Administration | <input type="checkbox"/> Home Care & Support Services |
| <input type="checkbox"/> Independent Living Units – Rodney Park Village | <input type="checkbox"/> Independent Living Units – Kialla Gardens Village | <input type="checkbox"/> Independent Living Units – Tarcoola Village | <input type="checkbox"/> Other | |

What do you wish to report? (Please tick appropriate box)

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Comment/Suggestion | <input type="checkbox"/> Complaint | <input type="checkbox"/> Compliment |
|---|------------------------------------|-------------------------------------|

Please provide feedback:

What do you suggest we could do in response to your issue?

I am a: (please tick appropriate box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Care recipient | <input type="checkbox"/> Staff on behalf of resident | <input type="checkbox"/> Family member / Representative |
| <input type="checkbox"/> Staff member | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Other | | |

Follow Up: (Please provide your details if you would like us to contact you about your feedback)

Date

Name:

/ / 20

Phone/ email:

Once completed, this form is to be placed in the locked box marked “Have Your Say” located at the entrance to the facility. This form can be also sent directly to our Executive Manager Care Services who is located at 9 Batman Avenue, Shepparton, 3632.

Thank you for your feedback, it is greatly appreciated.

This side of the form is COMPLETED BY MANAGEMENT

Please note all feedback is to be responded to within 72 business hours of receiving this form. All complaints must be resolved within 30 days.

HYS Register No:	Date Received: / /	Date issue discussed with person raising issues: / /	Date Closed: / /
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Open Disclosure Followed: Yes No N/A

What did you do in response to issue raised?	How was the person contacted? (tick appropriate box and include date and time)	
	<input type="checkbox"/> Phone	
	<input type="checkbox"/> Face to Face	

Summary of response and/or discussion:	What were the agreed outcomes to this discussion?	
	<input type="checkbox"/> Apology	<input type="checkbox"/> Discuss at Staff Meeting
	<input type="checkbox"/> Refer to Executive / CEO	<input type="checkbox"/> Refer to external agency
	<input type="checkbox"/> Explanation	<input type="checkbox"/> Review Policy / Procedure
	<input type="checkbox"/> Add to CQI Plan	<input type="checkbox"/> Other

Evaluation: How effective were the agreed outcomes?

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How did the person raising the issue rate the outcome? (tick appropriate box)

<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Unknown
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Resident and or NOK Complaint type: (tick all that apply)

<input type="checkbox"/> health / personal care	<input type="checkbox"/> physical environment	<input type="checkbox"/> medication management	<input type="checkbox"/> call bell response
<input type="checkbox"/> choice and dignity	<input type="checkbox"/> communication	<input type="checkbox"/> food and catering	<input type="checkbox"/> laundry
<input type="checkbox"/> specified care / services	<input type="checkbox"/> abuse*	<input type="checkbox"/> staff attitude	<input type="checkbox"/> resident rights
<input type="checkbox"/> confidentiality / privacy	<input type="checkbox"/> financial	<input type="checkbox"/> personal property	<input type="checkbox"/> staffing / resources
<input type="checkbox"/> other:			

Staff and or Contractor Compliment type: (tick all that apply)

<input type="checkbox"/> Teamwork	<input type="checkbox"/> Respect	<input type="checkbox"/> Care	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Passion	<input type="checkbox"/> Choice	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Food
<input type="checkbox"/> other:			

Risk Rating:

	1	2	3	4 to be referred to CEO
Name of Care Manager:	Signature:			Date:
Name of EMCS:	Signature:			Date:

Once this form is completed and signed, complete your CI Register and insert in your CI folder with your feedback / evidence attached.