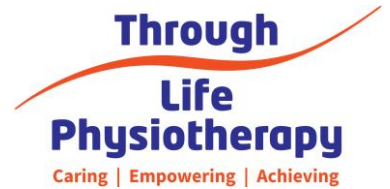


# Please give us your feedback



Thank you for taking the time to give us feedback. We love receiving your feedback whether it is something positive or a complaint as we are always striving to provide you with a better Physiotherapy service. Feedback helps us to know what to focus our efforts on.

When giving us feedback you are most welcome to speak to us directly in person or over the phone. You can email us, or you can write your feedback down, use this form if it is helpful. Please note that there is an alternative version of this form for client's who have limited ability to communicate.

- Are you a? (please tick)
- |  |  |
|--|--|
| <input type="checkbox"/> Client              | <input type="checkbox"/> Family member of a client |
| <input type="checkbox"/> Carer of a client   | <input type="checkbox"/> Friend of a client        |
| <input type="checkbox"/> Health Practitioner | <input type="checkbox"/> Member of the public      |

If you are making complaint on behalf of another person:

Do they know that the complaint is being made? Yes / No (please circle)

Do they give consent for the complaint to be made? Yes / No (please circle)

You are welcome to give anonymous feedback, however if you have concerns you would like us to address then please give your name and contact details so we can respond. We aim to respond initially within 5 working days of receiving your feedback.

Your name: \_\_\_\_\_

Preferred contact details: \_\_\_\_\_

Additional contact details: \_\_\_\_\_

Please complete as many of the following sections that are relevant to your feedback or complaint.

Today's Date: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

People involved including staff, clients and others:

\_\_\_\_\_  
\_\_\_\_\_

Person, Service, Situation or event giving feedback/complaint about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How has this made you feel?

\_\_\_\_\_

What is your preferred response from Through Life Physiotherapy?

\_\_\_\_\_  
\_\_\_\_\_

Thank you again for your feedback.

Office use only: date received: \_\_\_\_\_ Date given to practice manager/owner: \_\_\_\_\_ Date responded: \_\_\_\_\_

To be filed in feedback folder and client file if related to client.