



Rose Cottage Medical Centre

Ph: (03) 6334 3622 Fax: (03) 6334 3630
5 Innes Street Launceston Tasmania 7250

Date:

Type of Feedback: Compliment Complaint

Name:

Address:

Phone Number:

Email Address:

Relationship to Patient:

Self Spouse Parent Dependent Child Legal Guardian

Nature of your comment

Please check the boxes which best describe the nature of your comment; please provide details on the next page.

Complaint:

Date incident occurred:

- ☐ Substandard care (eg. Misdiagnosis; negligent treatment; delay in treatment; etc)
- ☐ Unprofessional conduct (eg. Breach of privacy; record alteration; provider impairment; etc)
- ☐ Office practice (eg. Inattentive; rude / abusive behaviour; failure to address patient needs; etc)
- ☐ Substandard facilities or equipment (eg. Cleanliness; clutter; equipment inoperative; etc)
- ☐ Scheduling of appointments (eg. Difficult scheduling; not timely; etc)
- ☐ Prescribing issues (eg. Medication errors; over / under prescribing; failure to respond; etc)
- ☐ Other:

Narrative comments (please be as clear and concise as possible; use extra pages if necessary):

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Compliment:

- ☐ Quality of medical care
- ☐ Staff assistance / support
- ☐ Caring and compassionate
- ☐ Friendly and courteous staff
- ☐ Outstanding customer service
- ☐ Timely problem / issue resolution
- ☐ Superior facilities
- ☐ Other:

Narrative comments (please be as clear and concise as possible; use extra pages if necessary):

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Regarding this comment, I wish to be contacted: YES NO

Our principle doctor will respond to your feedback.

Signature: