



## Harper St Health Ltd Feedback Form

Please ensure that this form is completed and returned to: The Practice Manager, 46A Harper Street, Timaru or [admin@harperstreet.co.nz](mailto:admin@harperstreet.co.nz)

### Part A: Contact Details

Your Name: .....

Address: .....

.....

Telephone Numbers: (Home)..... (Cell) .....

If you are providing feedback on behalf of someone else:

Their Name: .....

Your relationship to them: .....

Are they aware that you are providing feedback on their behalf? YES / NO

Your Name or organisation: .....

Postal address: .....

Telephone No: .....

### Part B: What happened?

Describe the event that you would like us to know about. Please provide us with as much information as you can recall.

What happened? .....

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Where did it happen? .....

.....

.....

Date: ..... Time: .....

Did anyone witness what happened? .....

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.....

What is your feedback about? (Your feedback could be about a person/process/service)

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Is there anything else you would like to tell us? .....

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What would you like to happen as a result of this feedback? .....

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### **Part C: Further information**

Have you tried to resolve your complaint in any other way? (for example, by obtaining a second medical opinion). If so, please provide details.

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**Thank you for taking time to complete the form. I will acknowledge your feedback within 5 working days of receiving this completed form.**