

Please use this page to record further details of the improvement/complaint (if required) or to make a suggestion

Concerns related to care and safety may require immediate response, please telephone us immediately or contact:

*Betty Haworth
Care Manager/Director of Nursing
(03) 5971 1349*

Upon completion of this form, it should be forwarded to:

*Kim Jackson
Operations Manager
Baptist Village Baxter
8 Robinsons Road
FRANKSTON STH. VIC. 3199*

Alternatively, the form should be handed to the Head of the Department responsible for the source of the improvement/complaint who will ensure that it is delivered to the Operations Manager.

July 2008

If you are dissatisfied about the way in which your improvement/complaint has been handled, or would seek the services of an external agency, there a number of external resolution processes available to you including:

*The Commonwealth Department of
Heath and Ageing Complaints
Resolution Scheme, GPO Box 9848,
Melbourne, Vic. 3001. Telephone 1800
550 552*



AGED CARE FACILITY

SERVICE IMPROVEMENT FORM

Our aim is to improve the services available to, and for, our residents, clients and their families and we can only strive for excellence by being advised of areas where we need to make improvement.

All improvements/complaints will be investigated in accordance with Policy 309 'Suggestions, Comments, Complaints & Feedback'. Copies are available from reception or www.villagebaxter.com.

If our services have not met your expectations, we would appreciate being advised of the details through use of this form.

KIM JACKSON
Operations Manager

SERVICE IMPROVEMENT/COMPLAINT NOTIFICATION

This form should be used to detail any service improvement/complaint that a resident, client or their representative, visitor or member of staff wishes to record for the attention of the management of the Village. An improvement/complaint needs to provide specific details of concern, including, wherever possible, the names of other witnesses etc to enable adequate investigation of the matter to be undertaken. This form should be returned either to the Care Manager/Director of Nursing or forwarded directly to the Operations Manager. It is only through the lodging of improvements that the organisation can help to improve on our performance. If you wish to make a suggestion, please use the space available on the back page.

AREA Hostel Lodge Grange Manor

TOPIC

Care Housekeeping Catering
 Maintenance Staff Safety & Security
 Other

Have you already raised the matter directly with :

Supervisor/Manager Care Manager / Director of Nursing

Details of the improvement/complaint (including date and time if appropriate)

Details of any other witnesses

Suggested resolution of the matter

Signature of person lodging the form _____ **Date** ___/___/___

Name (in Block letters) _____ **Unit No:** _____

Other Contact details (where appropriate) _____

OFFICE USE ONLY

Received By _____ **Date** ___/___/___

Review of circumstances of the improvement/complaint

Outcome

Originator of form notified of outcome on ___/___/___ **Signed** _____