

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

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

*Administration
(03) 5971 1349*

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

*Troy Boal
Retirement Living Manager
The Village Baxter
8 Robinsons Road
FRANKSTON STH. VIC. 3199*

Alternatively you can email your concerns to retirementliving@villagebaxter.com

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

*Consumer Affairs Victoria,
452 Flinders Street,
Melbourne
Telephone 1300 558 181*

Alternatively you may wish to complete a Management Complaint/Resident Dispute form

Updated December 2020



INDEPENDENT LIVING UNIT SERVICE IMPROVEMENT FORM

Our aim is to improve the services available to and for our Residents, and we can only strive for excellence by being advised of areas where we need to make improvement. If our services have not met your expectations, we would appreciate being advised of the details through use of this form.

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

Management Complaints and Resident Disputes under Retirement Villages Act should be recorded on Management Complaint/Resident Dispute Form

Troy Boal
Retirement Living Manager
retirementliving@villagebaxter.com

SERVICE IMPROVEMENT NOTIFICATION

This form should be used to detail any service improvement that a Resident or their representative, visitor or member of staff wishes to record for the attention of the management of the Village. An improvement/suggestion needs to provide specific details of concern. This form should be forwarded directly to the Retirement Living Manager. It is only through the lodging of improvements that the organisation can help to improve on our performance.

AREA **Independent Unit** **Other Village Area**

TOPIC

- | | | |
|---|--|--|
| <input type="checkbox"/> Village Nurses | <input type="checkbox"/> Grounds/Gardens | <input type="checkbox"/> Catering / Cafe |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Staff | <input type="checkbox"/> Safety & Security |

Have you already raised the matter directly with :

- Resident Liaison Other Manager (give details)

Details of the improvement/suggestion

What would you like done to resolve the matter?

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

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

Other Contact details (where applicable) _____

OFFICE USE ONLY

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

Review of circumstances of the improvement

Outcome

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

Information logged into Feedback Register on ___/___/___ **Signed** _____