



QF44 FEEDBACK FORM

Dear Resident, Relative, Visitor and Staff,

We welcome your feedback so we can continue to improve our services.

Details of person providing feedback

Your right to submit this confidentially is respected, however if you are comfortable to include your name and contact details, it does give us the opportunity to give feedback directly to you.

Date: ____/____/____

Name (optional): _____

Address (optional): _____

Post code: _____

Email (optional): _____

Type of Feedback

Compliment

Complaint

Suggestion

Please provide details: _____

Office Use Only

Date feedback received: ____/____/____

MANAD record ID Number:

Type of Feedback:

Verbal

Written

Employee who received feedback:

Feedback referred to:

Has acknowledgment letter of feedback been sent?

Yes

No

Has feedback been entered in MANAD?

Yes

No

Has feedback been referred to appropriate committee?

Yes

No

N/A

➤ If yes which committee?

Has feedback been updated in CQI plan?

Yes

No

N/A

Has this feedback been completed and closed off in MANAD?

Yes

No

All documents relating to feedback is to be saved in P: Quality and Risk / Feedback

All correspondence and action taken to be entered into MANAD (MANAD - Management - Feedback)

Once completed, form to be given to admissions officer for filing