

Do you have a:

## Compliment? Suggestion? Complaint?

**Your feedback plays an important role in helping us to improve our service.**

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### Service details

Date of Service:

Service:

Consultant:

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### Your details (optional):

Please call me so I can give you more information

I would like a response to my feedback

Name:

Phone:

Email:

### Happy with your care?

Tell us what we did well:

### Unhappy with your care?

Tell us about your concern(s)

**Unhappy?** How would you like this issue to be resolved?

**Suggestions?** Do you have any ideas for improving what we do?

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## What to do with this form:

When you have completed this form, you can:

- **Email** to: [hello@apricushealth.com.au](mailto:hello@apricushealth.com.au) • **Pass onto** the team member looking after you
- **Post** it to us at: Apricus Health, PO Box 7042, Garbutt, Qld 4814

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## Interpreter services:

If you need an interpreter when providing feedback, ask to speak to one of our team members.

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## Our commitment:

We will investigate any complaint(s) you have made in a timely manner and advise you in writing of the outcome.

**Thank you for taking the time to provide Apricus Health with your feedback.**