RHealth is committed to providing a quality service and all feedback is welcome to assist in the achievement of that commitment. To help improve RHealth services and assess whether expectations have been met, please complete the following form, or provide equivalent information on an email or via a phone call.

If a complaint is being submitted, please refer to RHealth’s ***Complaints Handling - Information for Interested Parties***, for detailed information on RHealth’s complaints process.

Please note that if all relevant fields are not completed, RHealth may not be able to respond appropriately.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Return the completed form or provide equivalent information via:** | | | | | |
| **Post:** RHealth, PO Box 774, Toowoomba, Q 4350  **Web:** rhealth.com.au **-** *Contact Us: Submit an Enquiry* | | | | **Email:** [rhealth@rhealth.com.au](mailto:rhealth@rhealth.com.au)  **Phone:** 07 4638 1377 | |
|  | | | | | |
| **Please indicate the nature of your feedback:** | | Compliment 🞏 Complaint 🞏 General Feedback 🞏 | | | |
|  | | | | | |
| **Date feedback submitted:** | |  | | | |
|  | | | | | |
| **To be contacted regarding the feedback, please provide the following contact information:** | | | | | |
| Name: | | | Phone: | | |
| Email Address: | | | | | |
|  | | | | | |
| **What service was accessed?** | **What was the name of the person who provided the service?** | | | | **What was the location of the service accessed?** |
|  |  | | | |  |

|  |
| --- |
| **Please outline your feedback below** *– for example: What is your feedback about? When did it happen? What was pleasing/disappointing? Please explain If there is a safety issue. What action should occur?* |
|  |

***Thank you for taking the time to provide feedback.***