



Patient Feedback Form

Doctors and Staff at this practice are committed to providing you a high standard of patient care. We value your feedback.

Nature of feedback: (please tick)

Compliment Observation Suggestion Incident Complaint

Clinic: _____

Detail: (include as much detail as possible – e.g. date, clinic, staff involved etc.)

Please tick if you would like to be contacted regarding this matter

(NB: providing your name and/or signing the form are optional)

Date: ___ / ___ / ___

Name: _____ **Signature:** _____

Address: _____

Contact Number: _____ (day contact) _____ (after hours)

Once complete, please forward to the Reception staff or leave it in the suggestions/feedback box.

You can also post this form to: Tristar Medical Group, Level 1, 87-89 Langtree Avenue, Mildura VIC 3500 Or Fax: 03 5022 5899

Alternatively, this form can be emailed to feedback@tristarmedicalgroup.com.au