Southern
COCHLEAR IMPLANT
Programme

# COMPLAINT FORM

You are entitled to access Independent Advocacy Services for assistance with lodging this complaint. The contact phone number for Health and Disability Advocacy Services is **0800-377-766.** Place your complaint form in the envelope and leave it at Reception. If you prefer, you can post the form after you leave.

Your Name: _____

Your Address: _____

Phone number: _____

Please circle one or more of the following areas relating to your complaint.

**Management** **Reception / Administration** **Clinical Staff** **Facilities** **Other**

Please tick this box if you are happy to be contacted: ☐

**Please detail your complaint**

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## Thank you for helping us to improve our service.

Southern Cochlear Implant Programme
Block 1, Milford Chambers
249 Papanui Road, Christchurch 8014.
Free 0800 500 405, P 03 355 3041 F 03 355 3045, E neil.heslop@scip.co.nz

Southern COCHLEAR IMPLANT Programme

# PATIENT FEEDBACK

We are committed to providing a high quality service and value your feedback to assist us to monitor and improve our standards. While compliments are gratefully accepted, suggestions for improvements are also welcomed. Please take a few minutes to complete this questionnaire. Place your completed questionnaire in the envelope and leave it at Reception. If you prefer, you can post the questionnaire to us after you leave.

| | |
|---|---|
| Appointment Date | |
| Name (optional) | |

**Management**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Needs Improvement

Comments……..
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**Reception/Administration**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Needs Improvement

Comments……..
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**Clinical Staff – Audiology, Habilitation, Rehabilitation**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Needs Improvement

Comments……..
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**Waiting Area and Other Facilities**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Needs Improvement

Comments……..
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**Other – Appointment Delays, Travel, Accommodation, Parking etc.**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Needs Improvement

Comments……..
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**Your overall experience**

| ☐ Excellent | ☐ Very Good | ☐ Good | ☐ Fair | ☐ Needs Improvement |
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Comments……………………………………………………………………………………………………………………………..
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**Any Additional Comments**

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