

Compliment form



The staff here would like to hear from you if you have been happy with the services you have received.

Log your feedback online at www.goldcoast.health.qld.gov.au, click on ‘Get involved’

Date: ____/____/____

Service / department: _____

Tell us about your experience:

Do you wish to receive a response? No Yes – please provide your details below

Patient details

Your name: _____

Address: _____

Suburb: _____

Phone: _____

Email: _____

Relationship to the patient: _____

Patient name: _____

Patient date of birth: _____

Patient Identity Number (URN): _____

Please return this form to Nurse Unit Manager or unit receptionist, or email/mail to:

Email: GCCFS@health.qld.gov.au

Phone: 5687 2048

Consumer Feedback Service

Gold Coast University Hospital

1 Hospital Boulevard

Southport QLD 4215

YOUR PRIVACY: Gold Coast Health is required to manage your personal information in accordance with the Information Privacy Act 2009 (Qld) and the Hospital and Health Boards Act 2011 (Qld). Gold Coast Health is collecting your personal information for the purpose of complaint management. Some of your personal information may be given to other internal departments who require your information for the purpose of completing complaint management. Your information may only be disclosed with your consent, or if authorised by law. For more information please refer to our organisation’s Privacy Plan.