

Consumer Feedback and Complaints Form

Date of your contact: _____

What is the nature of your contact: Compliment Feedback Complaint

Your Contact Details & Our Feedback to You

I wish to be contacted regarding this issue I DO NOT wish to be contacted regarding this issue

Name: _____

Postal Address: _____

Telephone Number: _____

Email Address: _____

About your Compliment / Feedback / Complaint

Who did you initially speak to?

Receptionist Cardiac Technologist Doctor Manager

Summary of your Compliment /
Feedback / Complaint

If applicable, what outcome are you
seeking?

Eastern Heart Victoria treats all complaints in a confidential manner. We thank you for your feedback.

Our policy is to respond to your contact within 10 working days. Full details on our policy is available online at

www.easternheartvictoria.com.au