



R&R Care

Tell Us What You Think Form

We value your feedback and suggestions for improving our service so please tell us what you think and give this form to your Support Worker or any R&R Care staff members.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- Are you a –
- Participant
 - Family member/representative
 - Staff member
 - Staff member on behalf of a Member
 - Other

Name (optional): **Date:**

Quality Officer to Complete

Date Received:

Action Plan	Who	By When	Date Completed

CLOSURE

Outcome or end result: *(Tick applicable boxes)*

Issue resolved - no improvements implemented

Improvement implemented

Other *(Describe)*

.....

.....

CLOSED OUT/COMPLETE:

General Manager Signature: **Date:**