

# Bega Valley Medical Practice Feedback Form

## How did we do?

Please use this form to provide feedback about our services

### Your details (optional)

Name:

Address:

Phone:

Email:

Would you describe your feedback as *(tick where appropriate)*

Comment

Complaint

Compliment

Suggestion

### Your feedback

Description:

Thank you for your time.

We welcome your feedback and continually strive to improve the standard of service to our patients.

If your concerns cannot be resolved by direct contact with the practice, please contact

NSW Government Health Care Complaints Commission

on 1800 043 159 or visit their website [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)