### **CONTACT DETAILS**

#### **ABI Rehabilitation NZ Ltd**

Stephanie Muncaster Quality Risk and Compliance Manager PO Box 70039, Ranui Waitakere 0655 Phone: 09 831 0070

Once you have completed the form please follow one of these processes to ensure ABI receives this information.

- 1. Give the completed form to staff at reception or a staff member who will ensure it is delivered to Stephanie Muncaster
- 2. Email the form to stephanie.muncaster@abi-rehab.co.nz
- 3. Mail it to ABI's Freepost Address.

Freepost 209997 Quality Risk and Compliance Manager ABI Rehabilitation NZ Ltd PO Box 70039 Ranui WAITAKERE 0655

# Feedback

Compliments and Complaints



You can also contact Health Advocacy Services for free advice: Free phone: 0800 555 050

Complaints can also be made to the Health and Disability Commissioner

Telephone 0800-11-22-33

Brain Injury Rehabilitation Specialists

## Please help us to improve. We welcome your comments and feedback.

If you have a compliment, we would love to hear it and will pass it on to the staff involved.

This feedback helps us to build upon the quality systems we have in place.

If you have a complaint or concern you want to express, we are more than happy for you to do so. We need to know what is not right so that we can investigate and put it right as soon as possible. We take the Code of Health and Disability Services Consumers' Rights very seriously but we may not always see what you see.

The following steps have been designed to ensure that you are given every assistance:

- If you complete & return this form & include your telephone number, email or mailing address a manager will contact you within 5 working days to acknowledge your concern.
- If you complain or express a concern, the matter will always be investigated. You will be kept informed by letter along the way.
- 3. If you are not satisfied with the response we provide you please contact the Quality Risk and Compliance Manager.
- 4. If for any reason you want an independent person to look at a serious concern, you may contact the Advocacy Service. (See details on back.)

I Wish to Bring to Your Attention:

## Name: Mailing Address: Date: Day time telephone: Client's Name: Your relationship to the client:

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