

## Opportunity for Improvement (OFI) "Strictly Private & Confidential"

Form No.....

New Aged Care considers your feedback as vital for our continuing to provide excellent services and the further growth and development of the organisation. We consider comments and complaints from consumers, visitors, staff and others as an opportunity to improve and grow these services and welcome your feedback using this form. This form also provides you with the opportunity make suggestions for a solution to any issues.

Are you? A client of NAC?   Yes  No  Visitor Family / Advocate  Staff Board Member  Other							
Name							
Phone							
Are you making a?  □ Complaint □ Comment □ Suggestion □ I have a new idea							
Please give us your feedback:							
Please tells us how we can improve the situation or how we can assist you with your new idea:							
How would you like us to respond to you:   Phone Call   Letter   Email							
How would you like us to respond to you:   Phone Call   Letter   Email  Manager/delegate to complete							
Manager/delegate to complete  RESPONSIBILTIY for addressing the OFI Form:							



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TYPE:		<ul><li>☐ Quick Fix (imme</li><li>☐ Complaint</li><li>☐ Document Cont</li><li>☐ Risk Manageme</li><li>☐ Transferred to a</li><li>☐ Other</li></ul>	rol ent an Incident	<ul><li>☐ Suggestion</li><li>☐ Maintena</li><li>☐ Quality P</li></ul>	on/Idea nce roject	
PRIORITY:		□High □ Estimated time line	Medium es: .	□Low		
Acknowledged b	<u>Y</u>	<ul><li>□ Receipt of OFI</li><li>□ Letter/email</li><li>□ Phone</li></ul>	date:	// //		
Action Progres	ss Notes:					
DATE			Notes			Signed
					Attach pages if required	
OUTCOME/S					<u> </u>	
Person/s notified of outcomes:		<ul><li>□ Letter/Email</li><li>□ Phone</li><li>□ Other:</li></ul>	date:.			
OFI closed Date:		1 1	Sign	ature:		