# **Compliment Form A**

(Compliment by a consumer)



# I wish to submit a compliment with the Chief Officer of the ACT Ambulance Service

PERSONAL DETAIL	-S			
My personal deta	ils are			
Mr/Mrs/Ms (other)First nameLast name				
Address				
		Postcode		
Date of Birth/				
Telephone (busines	ss hours)	(after hours)		
E-mail address		Facsimile		
My preferred la	anouace is			
<i>I wish</i> to be identified as a person				
The best way to contact me is				
SERVICE DETAILS				
My compliment re	clates to the	level of service from the area	n of	
Administration		Response Time of Ambulance		
•				
Accounts		General level of service		
Communications		Other		
Clinical Treatment				
* Please select the area you consider that your compliment relates to				
<i>On</i> (date if known)*				
* The Chief Officer cannot accept a compliment about a case that became apparent prior to 2004.				

#### COMPLIMENT

### This is what happened \*

- \* Please include information about what led up to the compliment, what happened and who was involved.
- \* If there is not enough space to describe your compliment attach extra paper.

* Please attach any relevant documents.



AUTHORISATIONS
I
I understand that
<ul> <li>the Chief Officer will release a copy of my compliment to the appropriate member of the ACTAS and</li> </ul>
<ul> <li>the Chief Officer may release to the administrator and other people dealing with this compliment, a copy of my compliment, health records or other personal information;*</li> </ul>
Signature Date /
* If you have any concerns about this, please specify –

## Please forward the completed form to:

Chief Officer
ACT Ambulance Service
GPO Box 158
CANBERRA ACT 2601

Email Ambulance@act.gov.au

