ABEL TASMAN VILLAGE

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MY THOUGHTS

Please complete this form if you would like to share your thoughts on the care and services at the Abel Tasman Village. Please place this form in the suggestion box, give it to the Registered Nurse on duty or the General Manager.

Issued February 2021

TELL US YOUR EXPERIENCE

I would like to make a	
Compliment	Comment
Suggestion for improvement	Complaint
About the following areas (S):	
Nursing	Laundry
Food Services	Housekeeping
Leisure & lifestyle Services	Property Services
Client Services	Home Care
Other	
My thoughts	

How can we improve? Include actions already taken.					
NameSignature(optional, but does help with feedback and resolution)					
(optional, but does help with feedback and resolution) Completed on behalf of:					
Resident NameDate/(Optional) (required)					
(Optional) (required)					
OFFICE USE ONLY					
Action taken (if required)					
Resolved by Date/					
Person identifying issues has been notified of action?					
Action recorded in residents notes?					
Risk assessment completed as a result of this form?					
Evaluation of Action (at least 3 months after being resolved)					
effective ineffective (if so, complete another My Thoughts form)					
Evaluated by Date/					