

# Tell us what you think



Harold's Cross  
Blackrock  
Wicklow  
*Respite Rehabilitation Reassurance*

Are you a: **Patient**  **Carer**  **Family Member**  **Visitor**  **Other**

Is your feedback about: **Harold's Cross**  **Blackrock**  **Wicklow**

What services are you attending?

**Palliative Care**  **CRU**  **RMDU**  **Anna Gaynor House**

Which ward/department/team does your feedback refer to?

Date of experience:

**Please select the type of feedback you wish to provide:**

**Comment**  **Compliment**  **Complaint**

**Please give details below:**

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# Remember

If we don't have your details we won't be able to contact you with our feedback!

Name .....

Address .....

Telephone .....

Email .....

Date .....

**Please note:** If you are making a complaint, we may need to check your medical records and will need your permission to do this. If we are not able to check these details it may impact on how we process your complaint.

I allow Our Lady's Hospice & Care Services to access my medical records for the purposes of investigating this complaint.

Please tick:    **Yes**     **No**

Signature:

## Data Protection

For details about how we manage your data please visit [olh.ie/privacy](http://olh.ie/privacy)

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