

Patient feedback form

As a leading provider of private cancer treatment, our goal is to provide the highest standard of care and support.

Canopy Cancer Care wants to hear about your experience and ensure all your Rights are met and our obligations fulfilled.

If you feel that they are not being met to your satisfaction, please discuss this with the staff caring for you. If you would like to have independent support you can contact the Health and Disability Consumer Advocacy Service on 0800 377 766 or on 03 479 0265.

Alternatively you can lodge a complaint/concern by filling out the form below. This form should be posted to: Canopy Cancer Care, Mercy Hospital, 98 Mountain Road, Epsom, Auckland 1023, New Zealand

Type of feedback	○ Compliment	⊖ Con	cern 🔿 C	omplaint	
Which department	t / service is involve	d:			
Who does this exp	erience relate to?:	O Patient	○ Family Member	er 🔿 Visitor	🔵 Staff
Please describe yo	our experience:				
If you would like to	be contacted abou	ut your comme	nts please provide t	he following deta	ils: ○Y ○N
Your name:					
Address:					
Phone:			=ax:		
Email:					