

South West Hospital and Health Service



If you would like to make comment regarding your visit to our facility please complete this 'Have Your Say' Feedback Form.

Forms can be handed to one of our friendly staff or left in the HAVE YOUR SAY box.

<input type="checkbox"/> Compliment	<input type="checkbox"/> Complaint
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Details of who is completing this form:

Your first name: _____ Your Last name: _____

or would you like to remain anonymous? If you remain anonymous we cannot contact you to discuss but the matter will be reviewed as appropriate Yes No

Date compliment/complaint happened: ____/____/____
 Name of Hospital/Community and Allied Health Unit/Outpatients Clinic: _____ Department: _____

Do you or the patient require an **Interpreter?** Yes No If yes, which language _____

Details of patient accessing South West Hospital and Health Service:

or would you like to remain anonymous? If you remain anonymous we cannot contact you to discuss but the matter will be reviewed as appropriate Yes No

Feedback Provider's contact details Mr Mrs Ms Miss Dr
 First Name: _____ Last Name: _____
 Address: _____ Suburb: _____ Post Code: _____ State: ____
 Home Phone: _____ Mobile: _____ Work Phone: _____

Feedback information:

Your expectations. What actions do you want to happen from this process?	<input type="checkbox"/> Register compliment <input type="checkbox"/> Register concern <input type="checkbox"/> Receive explanation <input type="checkbox"/> Obtain apology <input type="checkbox"/> Obtain refund	<input type="checkbox"/> Access service <input type="checkbox"/> Change procedure <input type="checkbox"/> Change policy <input type="checkbox"/> Compensation	<input type="checkbox"/> Staff performance mgmt. <input type="checkbox"/> Change physical environment <input type="checkbox"/> Provide staff training <input type="checkbox"/> Resource availability <input type="checkbox"/> Other:
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