

Compliments, Suggestions and Complaints

“Have Your Say”

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

Completed forms can be handed to one of our staff members or left in the HAVE YOUR SAY box. **If you require assistance in completing this form, or the use of an Interpreter, please speak with one of our friendly staff.**

- Suggestion Compliment Complaint

Feedback Provider Details:

Mr Mrs Ms Miss First name: _____ Last name: _____

Address: _____ State: _____ Post Code: _____

E-mail address: _____ H/Phone: _____ Mobile: _____

Do you identify as Aboriginal and/or Torres Strait Islander origin? Yes No

Or would you like to remain anonymous? Yes No

If you remain anonymous, we cannot contact you to discuss but the matter will be reviewed as appropriate.

Is your feedback:

From your own consumer experience OR
On behalf of a consumer (Please complete below consumer details).

Patient/Consumer Details:

As per above Feedback Provider details.

Mr Mrs Ms Miss First name: _____ Last name: _____

Address: _____ State: _____ Post Code: _____

E-mail address: _____ H/Phone: _____ Mobile: _____

Feedback Details:

Date: _____
Facility/Service (Hospital/Multi-Purpose Health Service/Residential Aged Care Facility/Primary and Community Care/Community Clinic/General Practice): _____

Your expectations.
What actions do you want to happen from this process?

- | | | |
|--|--|--|
| <input type="checkbox"/> Register compliment | <input type="checkbox"/> Access service | <input type="checkbox"/> Staff performance mgmt. |
| <input type="checkbox"/> Register concern | <input type="checkbox"/> Change procedure | <input type="checkbox"/> Change physical environment |
| <input type="checkbox"/> Receive explanation | <input type="checkbox"/> Change policy | <input type="checkbox"/> Provide staff training |
| <input type="checkbox"/> Obtain apology | <input type="checkbox"/> Compensation | <input type="checkbox"/> Resource availability |
| <input type="checkbox"/> Obtain refund | <input type="checkbox"/> Prevent re-occurrence | <input type="checkbox"/> Human Rights |
| | | <input type="checkbox"/> Other: _____ |



The South West HHS acknowledge and pay respect, to the traditional owners of the land in where our health services are located. We pay our respect to all Aboriginal & Torres Strait Islander People who call the South West home.