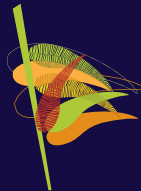


Have Your Say

Your feedback is important to us



South West Hospital and Health Service
Building better health in the bush

Is this a: (please tick)

Compliment

Suggestion

Complaint

Are you a:

Patient

Other (please specify)

Would you like us to contact you about your feedback and advise you of any updates or actions taken?

Yes

No

If yes, please provide your details below

Your name:

Phone:

Mobile:

Email:

Address:

Postcode:

Patient's name (if applicable):

Patient's date of birth: (dd/mm/yyyy)

What would you like to see happen as a result of your feedback?

Tick as many boxes as appropriate

Compliment

Thank staff member/team

Other (please specify)

Complaint

Apology

Explanation

Improved access to service

Change in procedure/policy

Education/training to staff

Prevent occurrence

Other (please specify)

****Please complete both sides of this form***

Location of event: (please tick)

Augathella Doctors Surgery
Augathella MPHS
Bollon Community Clinic
Cunnamulla Hospital
Cunnamulla Primary Healthcare Centre
Charleville Community and Allied Health
Charleville Health Clinic
Charleville Hospital
Dirranbandi Medical Centre
Dirranbandi MPHS
Injune Medical Practice
Injune MPHS
Mitchell Medical Practice
Mitchell MPHS
Morven Community Clinic

Mungindi Doctors Surgery
Mungindi MPHS
Quilpie Medical Practice
Quilpie MPHS
Roma Community and Allied Health Service
Roma Hospital
St George Community and Allied Health
St George Hospital
Surat Medical Practice
Surat MPHS
Thargomindah Community Clinic
Wallumbilla Community Clinic
Waroona Aged Care Facility
Westhaven Aged Care Facility

Have Your Say

Please provide as much information as possible (eg. name of ward/area, time, staff names). If there isn't enough space, please attach another sheet of paper.

Date event occurred: *(dd/mm/yyyy)*

Details:

Thank-you for your feedback

Please return completed form by:



Handing to any staff member



Mail

PO Box 1006
Roma, QLD, 4455



Email: SWHHS-Consumer_Feedback@health.qld.gov.au

Please tick if you require:



an interpreter *(please specify language required)*



an Aboriginal and Torres Strait Islander Liaison Officer

Your privacy: We take your privacy seriously. No record of your complaint will be attached to your medical record. All complaints are treated with the utmost confidentiality. At times, depending on the nature of the information provided, if you are making a complaint on behalf of a friend or relative, we may need to contact that person for their permission, but we will discuss this with you at the time.

You can speak with our Consumer and Community Liaison Officer by calling 07 4505 1534