



CONSUMER FEEDBACK FORM

The Western District Health Service encourages and supports consumers to provide feedback about their experiences and outcomes of care. Any comments, suggestions, complaints or compliments will assist us in improving quality, safety and health outcomes for our consumers.

We would appreciate your time to complete this questionnaire. You may leave the form with Reception or alternatively return to us using the reply paid envelope.

PERSON LODGING FEEDBACK:

- Patient
- Resident
- Other (please specify)
- Relative
- Client

.....
 Anonymous

TYPE OF FEEDBACK:

- Compliment
- Complaint
- Suggestion

Which Department/Service does this feedback relate to?

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Date of visit to Western District Health Service:

I would like a response to my feedback

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P.T.O.

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FEEDBACK CONTINUED:

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Please direct to: WDHS Quality Manager, PO Box 283, Hamilton 3300

MRS / MS / MR / OTHER:

NAME:

ADDRESS:

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PHONE/EMAIL:

“Creating Australia’s Healthiest Rural Community”