

## Do you need help with this form?

**If you need help to fill in this form.....  
please ask a staff member.**

Your feedback lets us know what we are doing well, and helps us to continually improve our services.

All feedback is entered onto our feedback register and reported to a variety of committees on a monthly basis.

**Compliments** are reported to the relevant departments.

**Suggestions for improvement** are considered independently with regard to relevance and feasibility, and adopted where appropriate.

**Complaints** are investigated within the department concerned and suitable actions taken. Serious complaints, or those unable to be resolved at this level are referred to the Executive Team.

## When will you hear from us?

If you have provided your contact details, we will contact you as part of the investigation process.

You will also then be provided with feedback once your complaint or suggestion for improvement has been finalised.

## Where else can you go?

**If at all possible, talk to us first.**

You are entitled to contact the Health Services Commissioner or Aged Care Complaints Investigation Scheme directly.

These are independent services who provide a fair and accessible process for dealing with complaints. They accept both oral and written complaints made confidentially or anonymously if required.

### **Health Services Commissioner**

**Freecall: 1800 136 066**

**Address: 30th Floor**

**570 Bourke Street**

**Melbourne, Vic, 3000**

**Online:** [www.health.vic.gov.au/hsc/complaint.htm](http://www.health.vic.gov.au/hsc/complaint.htm)

### **Aged Care Complaints Investigation Scheme**

**Freecall: 1800 550 552**

**Address: GPO Box 9848**

**Melbourne, Vic, 3000**

**Online:** [www.health.gov.au/oacqc](http://www.health.gov.au/oacqc)



# Consumer Feedback Form



**We look forward to hearing your comments on our service.**

## What would you like to tell us?

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## What would you like to happen?

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### Which Department does your feedback relate to?

- Acute Ward
- Day Procedure Unit
- Emergency Department
- Midwifery Unit
- Operating Theatre
- ECU (Extended Care Unit)
- Jacaranda Lodge
- Food Services
- Other .....  
Please Specify

### Are you a:

- Patient / Resident / Client
- Visitor
- Staff Member
- Other .....  
Please Specify

**Date:** .....

**Time of Day:** .....

## What should you do with this form?

- Place this form into one of the feedback boxes located throughout the health service
- OR**
- Hand it to one of our staff
- OR**
- Post it to:  
Safety, Quality & Risk Department  
Swan Hill District Health  
PO Box 483  
Swan Hill VIC 3585

**You may write or speak directly to staff if you do not wish to use this feedback form.**

## Would you like a response to your feedback?

No       Yes

If YES, please provide contact details.

Name: .....

Address: .....

Phone: ..... (Home)

..... (Work)

..... (Mobile)