

What do I do with my completed form?

Complete and submit using one of the following methods:

- Hand it to a staff member, or
- Place it in a Feedback box located throughout the Health Service
- Post to Box 483, Swan Hill, Vic, 3585

What happens to the feedback provided on this form?

Once you have completed this form, your feedback will be formally logged in our system, then raised and reviewed by the appropriate Manager.

If you are unable to communicate in writing, please contact staff on (03) 5033 9317.

What if I am not satisfied with the outcome?

If you still have concerns or need further assistance and advice you may contact:

Disability Services Commissioner: **1800 677 342**

Health Complaints Commissioner: **1300 582 113**

Office of the Public Advocate: **1300 309 337**

Victorian Equal Opportunity: **1300 891 848**

Aged Care Quality and Safety Commission:
1800 951 822

Elder Rights Advocacy: **1800 700 600**

Our Values:

**Inclusive, Compassionate,
Progressive, Accountable**



Swan Hill District Health

Swan Hill District Health – Main Site

48 Splatt St / P.O Box 483

Swan Hill, Vic, 3585

Ph. (03) 5033 9317

Email. feedback@shdh.org.au



www.shdh.org.au



Quality and Risk Department

Ph. (03) 5033 9317.

Weekdays 8am – 4.30pm

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FEEDBACK

Tell us what you think
Your Views Matter

Swan Hill District Health



Your Feedback Your Say



Swan Hill
District Health

Person lodging feedback:

Consumer Relative Other _____

Y/N

Do you identify as Aboriginal or Torres Strait Is.

Is your primary spoken language English.

If "No" Please list language preference. _____

Do you require an interpreter for this Feedback.

You may wish to withhold your personal details and we respect your choice to do so, however, without these details we will not be able to respond to you personally.

I would like a response to my feedback

Name: *(optional)* _____

Address: *(optional)* _____

Phone: *(optional)* _____

Type of feedback

Compliment Complaint Suggestion

In Which department did the event occur:

Date of occurrence _____

Date feedback lodged _____

Multiple horizontal lines for writing feedback, organized into two columns.

All feedback is confidential and is taken as an opportunity for improvement.

Remember - We won't know if you don't tell us!