

Ways to provide your feedback

Submit this form:

- **Lodge** in our suggestion boxes
- **Give** to a staff member
- **Mail**

SHDH Quality, Experience & Safety Department
Reply Paid 483

Swan Hill, Victoria 3585

- **Email**
Quality, Experience & Safety Department (QES) at:
feedback@shdh.org.au

Interpreter services available upon request

Submit your feedback online direct to us at

www.shdh.org.au

via **Question Pro QR Code:**



Submit your feedback externally for public view at Care Opinion

Careopinion.org.au



If you are not satisfied with the outcome:

If you remain dissatisfied with our response, you may contact the Health Complaints Commissioner (HCC). The HCC responds to complaints about health services and the handling of health information in Victoria. Their service is free, confidential and impartial. To lodge a complaint with the HCC:

Health Complaints Commissioner: 1300 582 113

Aged Care Quality & Safety Commission: 1800 951 822

Office of the Public Advocate: 1300 309 337

Victorian Equal Opportunity: 1300 292 153

Quality, Experience & Safety Department

Address: 48 Splatt Street, Swan Hill, Victoria

Mailing: PO Box 483, Swan Hill, Victoria 3585

Phone: (03) 5033 9300

Email: feedback@shdh.org.au

Open 8am—4:30pm weekdays

Web: www.shdh.org.au



Feedback Form

to improve our services and enable our vision of
Connected Care & Best Experience



“Your experience matters”

Your contact details:- (optional)

Today's date: ____ / ____ / ____

Name: _____

Phone: _____

Email/Address: _____

I am a (please check box):

Consumer / Patient / Visitor / Community Member

I would like a response to my feedback:

- ☐ Yes, please contact me
- ☐ No, please do not contact me

NOTE: If you choose to remain anonymous and do not provide your name and contact details, Swan Hill District Health will not be able to contact you about your feedback.

Which department did your experience occur in?

Date of occurrence: ____ / ____ / ____

Do you identify as Aboriginal or Torres

Strait Islander Y N

Is your primary spoken language English Y N

If "no", please list language preference:

Do you require an interpreter to assist you Y N

Your direct feedback:

I was **satisfied / not satisfied** (please circle) with my experience—please explain:-

Any suggestions?

Please give us your ideas for improving our services

If you have agreed to be contacted, a member of the Quality, Experience and Safety Department will keep you informed of any progress and outcomes from your feedback.

Thank you.