### Ways to provide your feedback

#### Interpreter services available upon request

Submit this form:

- **Lodge** in our suggestion boxes
- Give to a staff member
- Mail
   SHDH Quality, Experience & Safety Department
   PO Box 483,
   Swan Hill, Victoria 3585
- Email
   Quality, Experience & Safety Department (QES) at: feedback@shdh.org.au
- Online Submit your feedback online direct to us at www.shdh.org.au

Or

Submit your feedback externally for public view at Care Opinion www.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
- First Nations: 1300 292 153
- Disability complaints for:

\*an NDIS (National Disability Insurance Scheme) service funded nationally: 1800 035 544
\*a service funded in Victoria by DFFH
(Department Families Fairness & Housing):

### **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 — 4:30 pm weekdays





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# **FEEDBACK**

## **FORM**

To improve our services and enable our vision of

**Connected Care & Best Experience** 





"Your experience matters"

Your contact details:- (optional)	Your direct feedback:
Today's date:	
Name:	
Phone:	
Email/Address:	
I am a:  Consumer Patient Visitor Community Member  I identify as:	
Male Female Non-binary or other Prefer not to say	
Which department did your experience occur in?	
Date of occurrence:	
Do you identify as Aboriginal or Torres Strait Islander? Y N	
If Yes, would you like to be referred to the SHDH Kapel Telkuna Unit for help to complete this form? 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	

# Any suggestions?

# I would like a response to my feedback:

Yes, please contact me

No, please do not contact me

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.

**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.