Southern Health

CONSUMER FEEDBACK FORM

Person providing feedback (complainant details)	Consumer
We appreciate that at times you and/or the person you are acting on behalf of may wish to remain anonymous. If this is the case, an investigation will not be conducted and this information will be used as constructive feedback only. **Medical Record # (if known)**……..... **Title:** Mr Mrs Miss Master Ms **First Name:** ..... **Surname:** ..... **Address:**..... .....**Postcode:** ..... **Phone:** .....**Mobile:** ..... **Email:** ..... **Primary Language:** ..... **Interpreter Required:** Yes / No Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. Yes / No **What is your relationship to the Consumer?** Child ☐ Friend ☐ Parent ☐ Sibling ☐ Self ☐ Spouse ☐ Other: ☐ Please specify……..	(Please complete only if different from the complainants details). **Medical Record # (if known)**……..... **Title:** Mr Mrs Miss Master Ms **First Name:**..... **Surname:** ..... **Address:**..... .....**Postcode:**..... **Phone:** .....**Mobile:** ..... **Email:**..... **Date of Birth:**..... **Primary Language:**..... **Interpreter Required:** Yes / No Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. Yes / No **If you have the following information, please provide:** The name of the Ward , Unit, Department or Service: ..... The name of the treating health professional(s): .....

Where was the service provided?

Casey Hospital ☐
Cranbourne Integrated Care Centre ☐
Dandenong Hospital ☐
Kingston Centre ☐
Monash Medical Centre Clayton ☐
Monash Medical Centre Moorabbin ☐

Community Service ☐ Please specify site ……..……..
Mental Health Service ☐ Please specify site……..

Southern Health

Please provide details of your feedback including dates, times, location and outcomes. (If more space is required, please add pages).

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To enable us to best meet your expectations, please advise if you would like a written response or a meeting to further discuss your feedback:

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Signature of Consumer: _____ **Date:** _____ / _____ / _____

Signature of Person Providing Feedback: _____ **Date:** _____ / _____ / _____

Prior to the commencement of an investigation a staff member will telephone both the Consumer and the person providing feedback to confirm receipt of the feedback form. An investigation cannot proceed without the consent of the Consumer or their Guardian. Please ensure that all of your contact numbers and address details are completed.

Please return the completed form to the relevant site *Consumer Liaison Officer by mail:*

Casey	***Clayton***	***Dandenong Hospital***	***Kingston Centre***	***Moorabbin***
Locked Bag 3000	*Locked Bag 29*	*PO Box 478*	*Warrigal Road*	*PO Box 72*
Hallam 3803	*Clayton 3168*	*Dandenong 3175*	*Cheltenham 3192*	*East Bentleigh 3165*
(8768 1465)	(9594 2702)	(9554 8078)	(9709 7134)	(9928 8584)

Thank you for taking the time to provide us with your valued feedback.