



PATIENT / VISITOR FEEDBACK FORM

Please use this form for all feedback. This will assist us in improving our service. If you prefer you may email us at: svhs.feedback@svha.org.au

PERSON PROVIDING FEEDBACK Patient <input type="checkbox"/> Visitor <input type="checkbox"/>	PATIENT DETAILS <i>If applicable</i>
Date:	Date:
Name:	Name:
Address:	Address:
State: Postcode:	State: Postcode:
Relationship to patient (if applicable):	MRN:
Phone:	Phone:
Email:	Email:

Your feedback will be assessed and referred to the appropriate staff members for investigation. You will receive an acknowledgment by email (unless otherwise indicated) advising you of the contact person who will be managing the investigation.

In accordance with Hospital Policy, we will endeavour to provide you with a response within 35 days.

If you are able to, please assist us by including details such as date, time, location and names of any staff members involved (if known).

If you do not wish to be contacted by email, please indicate your preferred contact method:

- Phone
- Mail

Should you have any questions, please email the Consumer Feedback Manager at svhs.feedback@svha.org.au or phone via hospital switchboard: (02) 8382 1111.

