

We value your feedback.

What do we do well? _____

What could we do better? _____

Please return this form by:

Email: SCGHCLS@health.wa.gov.au

In person: Taking it to the Consumer Liaison Service on the 3rd floor of A block.

Handing it to a staff member who will forward it to the Consumer Liaison Service.

Placing it in one of the feedback boxes located around the hospital.

Post to:

The Consumer Liaison Service
Sir Charles Gairdner Hospital
Locked Bag 2012
NEDLANDS WA 6009

Further information

If you require further information, please contact the Consumer Liaison Service:

Telephone: 6457 2867

Email: SCGHCLS@health.wa.gov.au

Location: 3rd floor of A block

Opening hours: 8.30am to 4.30pm

Sir Charles Gairdner Hospital

Hospital Ave, Nedlands WA 6009

T: (08) 6457 3333

www.SCGH.health.wa.gov.au

Contact us

Phone

Main line: 6457 3333

Patient enquiries: 6457 4444

Hearing impaired (TTY)

(7.30am to 8.30pm) 6457 3900



This document can be made available in alternative formats on request.

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Government of Western Australia
North Metropolitan Health Service
Sir Charles Gairdner Osborne Park Health Care Group



Feedback form

We value your feedback.



Feedback

If your feedback relates to your current stay please ask to speak to staff in the area involved before completing this form. Our staff are here to help you.



☐ Compliment

☐ Comment

☐ Suggestion

☐ Complaint

Name: _____

Address: _____

Email: _____

Telephone: _____

Date: _____

You can remain anonymous if you wish

Area/Ward: _____

Date/Time: _____

Name of Patient (optional): _____

UMRN number or Date of Birth: _____

We would like to hear about your experience. Please tell us what happened with as much detail as possible including when this happened, where this happened and who was involved.

Please attach any documentation.

The information you provide will be treated confidentially.

