

Ways to give feedback

If you have a concern, please speak to a staff member or the manager/coordinator of the ward or area. If you are still concerned, please complete this form or use one of the other ways to give feedback.

Send an email to
CLS@health.wa.gov.au

Complete this form and either:

- **Place** it in one of the feedback boxes located around the hospital
- **Give** it to a staff member
- **Email** it to CLS@health.wa.gov.au
- **Post** it to:
Consumer Liaison Service
c/o Sir Charles Gairdner Hospital
Locked Bag 2012
Nedlands WA 6009

Call (08) 6457 2867

Visit the Consumer Liaison Service (SCGH)
Monday to Friday 8.30am–4.30pm
Third floor, A Block, SCGH

Visit our websites
scgh.health.wa.gov.au
oph.health.wa.gov.au



SCGH



OPH

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

Call (08) 6457 2867
Email CLS@health.wa.gov.au
Third floor, A Block, SCGH
Monday to Friday 8.30am–4.30pm

Using hearing or speech services
TTY or modem users: call 133 677
and quote (08) 6458 2867
SMS relay: 0423 677 767



Information about interpreter services including Auslan is available from the language services coordinator on (08) 6457 4698 (Monday to Friday 8.30am–4.30pm). Interpreter support for patients can be provided by contacting Translating and Interpreting Service (TIS) on 131 450.

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

Please tell us about your experience - we value your feedback



What would you like to do?

- Give a compliment
- Make a comment or suggestion
- Make a complaint

Your details

(you can remain anonymous if you wish)

Name _____

Contact number _____

Email _____

Address _____

Do you need an interpreter?

- Yes. Which language?

Please tick one of the below. I am a:

- Patient
- Visitor
- Family member/carer
- Other: _____

Patient details

Name _____

Hospital Unit Number (UMRN) or date of birth _____

Your feedback

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.

Date/time

Where (ward/department/hospital)

What happened?

What would you like to see happen as a result of your feedback?



The information you provide will be treated confidentially

