

## CONSUMER FEEDBACK FORM

Person Providing Feedback	Consumer
<p>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.</p> <p><b>Medical Record # (if known)</b>.....</p> <p><b>Title:</b> Mr Mrs Miss Master Ms</p> <p><b>First Name:</b> .....</p> <p><b>Surname:</b> .....</p> <p><b>Address:</b>.....</p> <p>..... <b>Postcode:</b> .....</p> <p><b>Phone:</b> ..... <b>Mobile:</b> .....</p> <p><b>Email:</b> .....</p> <p><b>Primary Language:</b> .....</p> <p><b>Interpreter Required:</b> Yes / No</p> <p>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</p> <p><b>What is your relationship to the Consumer?</b></p> <p>Child <input type="checkbox"/> Friend <input type="checkbox"/></p> <p>Parent <input type="checkbox"/> Sibling <input type="checkbox"/></p> <p>Self <input type="checkbox"/> Spouse <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p> <p>Please specify.....</p>	<p>(Please complete only if different from the person providing feedback details).</p> <p><b>Medical Record # (if known)</b>.....</p> <p><b>Title:</b> Mr Mrs Miss Master Ms</p> <p><b>First Name:</b>.....</p> <p><b>Surname:</b> .....</p> <p><b>Address:</b>.....</p> <p>..... <b>Postcode:</b>.....</p> <p><b>Phone:</b> ..... <b>Mobile:</b> .....</p> <p><b>Email:</b>.....</p> <p><b>Date of Birth:</b>.....</p> <p><b>Primary Language:</b>.....</p> <p><b>Interpreter Required:</b> Yes / No</p> <p>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</p> <p><b>If you have the following information, please provide:</b></p> <p>The name of the Ward , Unit, Department or Service:</p> <p>.....</p> <p>The name of the treating health professional(s):</p> <p>.....</p>
<p><b>Where was the service provided?</b></p> <p>Casey Hospital <input type="checkbox"/></p> <p>Cranbourne Integrated Care Centre <input type="checkbox"/></p> <p>Dandenong Hospital <input type="checkbox"/></p> <p>Kingston Centre <input type="checkbox"/></p> <p>Monash Medical Centre Clayton <input type="checkbox"/></p> <p>Moorabbin Hospital <input type="checkbox"/></p> <p>Community Service <input type="checkbox"/> Please specify site .....</p> <p>Mental Health Service <input type="checkbox"/> Please specify site.....</p>	

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

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Please advise how you would like us to respond to your feedback:

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Signature of Consumer: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Person Providing Feedback: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Upon receipt of your feedback, you will receive acknowledgement. Follow up cannot proceed without this, could you 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 Hospital**  
Locked Bag 3000  
Hallam 3803  
(8768 1465)

**MMC Clayton**  
Locked Bag 29  
Clayton 3168  
(9594 2702)

**Kingston Centre**  
Warrigal Road  
Cheltenham 3192  
(9265 1000)

**Moorabbin Hospital**  
PO Box 72  
East Bentleigh 3165  
(9928 8584)

**Dandenong Hospital**  
PO Box 478  
Dandenong 3175  
(9554 8078)

**Monash Health Community**  
Locked Bag 2500  
Cranbourne 3977  
(9554 9376)

**Mental Health Program**  
Consumer and Carer Relations Directorate - Dandenong Hospital  
93 David Street, **Dandenong 3175**  
(9554 9237)

Thank you for taking the time to provide us with your valued feedback. Please note that feedback may also be provided by completing the online form available on the Monash Health website.

[http://www.monashhealth.org/page/Patients\\_Visitors/Concerns\\_compliments\\_comments/Feedback/](http://www.monashhealth.org/page/Patients_Visitors/Concerns_compliments_comments/Feedback/)