





Language

You can also complete this form online using the QR code



How did we do?

Your feedback is important to us and helps us know what we are doing well and where we need to improve.

We welcome and encourage consumers and their families to give us feedback about their experiences. All feedback is passed onto the relevant managers.

Your feedback might be:

- a compliment about a staff member or service
- a suggestion for improvement
- a complaint or concern about treatment or care provided

We encourage you to talk to the healthcare team looking after you with your feedback, however you can also:

- Complete pages 2 and 3 of this feedback form and place in a feedback box (located around the hospital)
- Write to us at:

Patient/Consumer Relations Coordinator Locked Bag 29, Clayton, Vic 3168

- Complete an online feedback form at <u>www.monashhealth.org</u>
- Send an email to feedback@monashhealth.org
- Phone us on one of the following numbers

Casey Hospital	03 8768 1465
Cranbourne Centre	03 9554 8078
Dandenong Hospital	03 9554 8078
Kingston Centre	03 9265 1356
Monash Medical Centre	03 9594 2702
Monash Children's Hospital	03 9594 2702
Monash Health Community/Community Oral Health	03 9554 8078
Moorabbin Hospital	03 9228 8584
Mental Health	03 9554 9237
Pakenham Pregnancy Care Clinic	03 8768 1465



From home you can contact us by using the telephone interpreter on **131 450**. Interpreter services are provided free of charge

Today's Date		
Tell us about your experience at Monash Health		

What is the nature of your fe	eedback?
Compliment	☐ Complaint ☐ Suggestion for improvement
Do you wish to remain anon	nymous?
☐ Yes	□ No
Anonymous feedback will be r	recorded and reviewed
Where was the service prov	ided?
☐ Casey Hospital	☐ Cranbourne Centre ☐ Dandenong Hospital
☐ Kingston Centre	☐ Monash Medical Centre ☐ Monash Children's Hospital
☐ Moorabbin Hospital	☐ Pakenham Clinic
☐ Community Service (pl	ease specify service)
☐ Mental Health Service	(please specify service)
Other (please specify s	ite/service)
Please specify the name of th	e Ward, Unit, Department or Service (if known)
Your details (person providi	ing feedback)
Name	
Address	
	Email
	ıt/consumer
Tour rolation only to the patient	
Patient/consumer details (if	different from above)
Name	
Address	
	Date of Birth
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