

Please place the completed forms in the suggestion boxes provided, or post to:

**Patient Liaison Service**  
Sir Charles Gairdner Hospital  
Hospital Ave  
NEDLANDS WA 6009  
Ph: 9346 2867  
Fax: 9346 4573

**Optional:**

Name:

Address:

Telephone:

Would you like someone to give you a call?    YES

**If you would like to make a complaint, please contact the Patient Liaison Service on the contact numbers above.**

**Compiled by:**  
**Patient Liaison Service in consultation with the**  
**SCGH Community Advisory Council**  
**[scghpatientliaisonservice@health.wa.gov.au](mailto:scghpatientliaisonservice@health.wa.gov.au)**

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Government of **Western Australia**  
Department of **Health**  
North Metropolitan Area Health Service

# Sir Charles Gairdner Hospital Customer Feedback Form



**Suggestions • Compliments • Concerns**

What do we do well?  
What could we do better?

**We value your comments.**

