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

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

Contact us
Phone
Main line: 6457 3333
Patient enquiries: 6457 4444
Hearing impaired (TTY)
(7.30am to 8.30pm) 6457 3900

HealthyWA
healthywa.wa.gov.au

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

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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.

____________________________________

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Please attach any documentation.

The information you provide will be treated confidentially.