

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 provide feedback.

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

Complete this form and either:

- **Place** it in the 'suggestion box' located in the service
- **Hand** it to a staff member
- **Email** it to MHPHDS.CLS@health.wa.gov.au
- **Post** it to:
Consumer Liaison Service
Private Bag No 1
PO Claremont WA 6901
Reply paid 83619 (no stamp required)

Call (08) 9242 9612

Visit our website

nmhs.health.wa.gov.au/About-Us/Contact-us/MH-Feedback



Government of Western Australia
North Metropolitan Health Service
Mental Health, Public Health and Dental Services



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

Call (08) 9242 9612
Email MHPHDS.CLS@health.wa.gov.au

Do you need an interpreter or this form in an alternative format?

Please ask a staff member and they will be able to assist you.



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

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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

