

ST VINCENT'S PRIVATE HOSPITAL

This form is for patients, their families or friends to provide the hospital with feedback about any aspect of their hospitalisation or care. The feedback may be a compliment, a suggestion about how we could improve our service for or you may have a complaint you wish to make.

St Vincent's Private Hospital Sydney has always demonstrated a positive attitude to consumer feedback as an invitation to improve the quality of our services. All feedback will be acknowledged. All matters will be investigated and a response forwarded to you following the investigation. We would be most grateful if you would put your feedback in writing and hand it to the receptionist, Nurse Unit Manager or mail it back in the reply-paid envelope available at the desk.

Thank you for taking the time to provide us with your feedback.

Feedback Form

Is your feedback a:

- Compliment
- Suggestion
- Complaint

The Subject/Department/Service you are providing feedback about:

Subject: _____

Department: _____

and/or Service: _____

Title: _____

First name: _____

Surname: _____

Address: _____

State: _____

Postcode: _____

Contact Numbers: If willing to be telephoned

H () _____

W () _____

Mobile _____

Relationship to the patient:
e.g., self / wife / mother / sister

Health Fund: _____

Ward or Room Number: _____

Your Feedback

Further space provided on the back of this form if the space is not adequate, please attach a letter outlining your feedback

If your feedback is a concern, what outcome are you seeking?

Signature: _____

Date: _____

Please print name: _____



**ST VINCENT'S
PRIVATE HOSPITAL**
SYDNEY

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Thank you for providing your feedback.

Your feedback (continued):

The authors acknowledge and thank consumers and clinicians for their assistance in developing and critiquing information contained within this publication. July 2015.



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