



## Feedback Form

**We value your feedback about general and mental health services provided by Royal Perth Hospital and Bentley Health Service, including Midland and Inner City Community Mental Health.**

Do you have current treatment concerns? Our staff are here to help you. That's why we ask you to talk to staff in the area concerned before filling in this form.

**We'd like a chance to help straight away.**

If you have positive feedback to share, great! Staff are always excited to hear from the most important people in the hospital – our patients!

### Is your feedback:

Compliment

Comment

Complaint

Patient Details	Your Details (if not the patient)
<b>Name:</b>	<b>Name:</b>
<b>Email or Address:</b>	<b>Email or Address:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Aboriginal / Torres Strait?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Aboriginal / Torres Strait?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Interpreter Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Interpreter Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Language:</b>	<b>Language:</b>
<b>Person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to patient:</b>	
<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other	
<b>Admission status of patient: (Tick as many as apply):</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> In hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

### Tell us what happened

We'd like to hear about your experience. Details like:

- **What happened?**
- **When did this happen?** Date, Time.
- **Where?** For example, Emergency Department, Ward, Clinic.
- **Who was involved?**



**Tell us what happened**

Please tell us your experience in your own words:

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Formal complaints are managed as per the WA Health Complaints Policy and we endeavour to provide a response to you within 6 weeks.

Would you like a response from us?  Yes  No

If yes, how would you like us to contact you?

Email  Phone  Post

**Objective**

What would you like to happen from here?

- |  |  |
|--|--|
| <input type="checkbox"/> Access to services (appointment or surgery) | <input type="checkbox"/> Receive explanation           |
| <input type="checkbox"/> Apology                                     | <input type="checkbox"/> Register a concern            |
| <input type="checkbox"/> A change to the way we do things            | <input type="checkbox"/> Staff training or counselling |
| <input type="checkbox"/> Thank or recognise staff                    |  |
| <input type="checkbox"/> Other action (please tell us) _____         |  |

**Our contact details**

Please send your form to [RPBG.feedback@health.wa.gov.au](mailto:RPBG.feedback@health.wa.gov.au) OR:

RPBG Consumer Engagement Unit  
Box X2213 GPO  
Perth WA 6847

Phone (08) 9224 1637 during business hours if you have any queries.

**Thank you for helping us improve our services.**