We value your feedback.

La Trobe Regional Hospital

La Trobe, Victoria

Office Use Only:

Date Received:

Risman ID:

Service:

Continuous efforts of our staff and
so we can celebrate the

Please share your experience

Suggestions or complaints:

Do you have a complaint?

Feedback

Consumer Liaison Coordinator

Return it to:

When you have completed this form

You:

Consumer Liaison Coordinator to assist

Consumer or Caretaker Consultant for you or a

Health Liaison Officer, a Medical Practitioner,

Can arrange an Interpreter, a Room

Consumer Services

of consumer feedback in place.

and consistent process for the management

of LHR Respects that all consumers have the

measure and improve our service.

and their families.

We recognizes the consumer experience is

centered care to all consumers of our service.

provide safe, high quality care

La Trobe Regional Hospital (LHR) aims to
Feedback Form

☐ I would like to make a compliment.

☐ I would like to make a suggestion.

☐ I was unhappy about an aspect of the care or service provided.

Name: __________________________

Date of Birth: ___________________

Address: ________________________

Are you the patient? Yes ☐ No ☐

If No, what is your relationship to the patient?

☐ Carer ☐ Family

☐ Other (specify): __________________________

Does the patient know you are contacting us on their behalf? Yes ☐ No ☐

Your Name: ________________________

Address: __________________________

Telephone: ________________________

Email: ____________________________

☐ I would like to remain anonymous.

Date: ____________________________

Unit/Department/Person complaint relates to:

Person: __________________________ Department/Unit: __________________________

Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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