

# Central Gippsland Health CONSUMER FEEDBACK FORM

<b>Consumer</b>						<b>Person providing feedback</b>					
Title:	Mr	Mrs	Miss	Ms	Dr	(Please complete only if different from the consumer's details)					
First Name:						We appreciate that at times the person you are acting on behalf of may wish to remain anonymous. If this is the case an investigation will not be conducted and this information will be used as constructive feedback.					
Surname:						Title:	Mr	Mrs	Ms	Miss	Dr
Address:						First Name:					
Postcode:						Surname:					
Phone:			Fax:			Address:					
Email:						Postcode:					
Date of Birth:						Phone:			Fax:		
Country of Birth:						Email:					
Preferred Language:						Date of Birth:					
Interpreter Required: Yes/No						Country of Birth:					
Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. Yes/No						Preferred Language:					
						Interpreter Required: Yes/No					
						Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. Yes/No					
If you have the following Information, please provide:						Do you have permission from the consumer to make this complaint? Yes/No					
The name of Ward, Unit or Department:						What is your relationship to the Consumer? Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Friend <input type="checkbox"/> Observer <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:					
The Name of the treating health professional(s):											
Where was the Service Provided?											
CGH Sale <input type="checkbox"/>				Stretton Park <input type="checkbox"/>							
CGH Maffra <input type="checkbox"/>				Wilson Lodge <input type="checkbox"/>							
Heyfield Hospital Inc <input type="checkbox"/>				Community Service <input type="checkbox"/>							
Please specify Service and Site:											

