



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)
Name:	Name:
Email or Address:	Email or Address:
Phone:	Phone:
Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Aboriginal / Torres Strait? <input type="checkbox"/> Yes <input type="checkbox"/> No	Aboriginal / Torres Strait? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language:	Language:
Person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to patient:	
<input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Admission status of patient: (Tick as many as apply):	
<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?**

