

Help us help you quickly!

If you are an INPATIENT

Discuss any concerns with the Nurse Unit Manager (NUM) who is the senior nurse or midwife in charge of the ward.

If you are not an INPATIENT

Discuss any concerns with the person who is providing you with care or treatment i.e. your nurse, midwife, social worker, mental health key worker, doctor, psychologist or community services worker.

This helps resolve issues quickly.

You are still welcome to contact the Consumer Advisory Service if you are not happy with the way your feedback has been managed or resolved.

Lost property

Please alert the manager, Nurse Unit Manager, senior community worker or security, as soon as possible, if you misplace property. The Consumer Advisory Service cannot assist you with locating items or reimbursing you.

What to do with this form

Submit this form in any of the following ways, including any other relevant information:

- Hand your form to any of our staff
- Post it to:
SALHN Consumer Advisory Service
Southern Adelaide Local Health Network
Flinders Medical Centre
Flinders Drive, Bedford Park SA 5042
Telephone: (08) 8204 5433
- Scan this form and email it to:
HealthSALHNconsumeradvisory@sa.gov.au

Interpreter

A Consumer Adviser can meet with you Monday to Friday between 9am and 4pm and provide an interpreter if English is not your first language.



Response timeframes

Southern Adelaide Local Health Network (SALHN) Consumer Advisory Service staff will contact you with a response to any concerns as soon as possible, noting that some issues may take up to 35 working days to investigate and provide a response. We will confirm receipt of the form within 2 business days.

If you are unhappy with our response

On rare occasions when issues or concerns cannot be resolved by SALHN, you can contact the Health and Community Services Complaints Commissioner. This independent service can provide support and guidance.

For more information call (08) 7117 9313
Monday – Friday, 9am – 5pm

If you are in the country, you can call 1800 232 007

You can also visit www.hcsc.sa.gov.au

For more information

SALHN Consumer Advisory Service
Level 1, next to Pre-Admission Unit
Flinders Medical Centre
Flinders Drive, Bedford Park SA 5042

Telephone: 8204 5433
Email: HealthSALHNConsumerAdvisory@sa.gov.au

Opening hours:
Monday – Friday (excluding public holidays)
9am – 4pm



This document has been reviewed and endorsed by consumers.



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Consumer/Patient Feedback Form



We would love to hear from you.

SALHN is committed to providing safe and high-quality healthcare that meets your needs, so your comments and feedback are important to us.

Your feedback will be treated confidentially and with respect.

SCAN THIS QR CODE
to provide feedback via our online form, or you can complete the details inside this brochure.



Details of your feedback:

- Complaint Compliment
 Suggestion Advice

Is the patient (i.e. the person who has received care or treatment) an:

- Inpatient Community patient
 Outpatient Other:

Location of care:

- Flinders Medical Centre
 Repat Health Precinct
 Noarlunga Hospital
 Mental Health Services
 Intermediate Care
(i.e. Aboriginal Health, GP Plus etc.)

Consumers may remain anonymous. However if you submit your feedback anonymously it will not be possible to receive a response. Feedback will be actioned internally.

Your name:

Ward/area (if known):

Telephone:

Address:

Email:

Complaints regarding care provided to another person (relative or friend)

We cannot give you any information about the treatment or care provided to someone, without their consent.

In this case, please complete a **Patient Authority Form** or contact the Consumer Advisory Service for advice.

IF YOU ARE NOT THE PATIENT:

Have you attached a consent form: Yes No

Patient name:

Patient date of birth:

Patient address:

Is the patient an Aboriginal or Torres Strait Islander person? Yes No

Is the patient a Department of Veterans' Affairs card holder? Yes No

What would you like to tell us?

What would you like to happen?

Would you like a response to your feedback?

- Yes No

Your signature:

Date: