



Summit Health & Summit Health Centre

FEEDBACK FORM

Your Details	
Name:	
Address:	
E-mail:	
Home phone number:	
Mobile phone number:	

Feedback Details	
Date of event:	
Time of event:	
Location of event:	
Name of Service:	<input type="checkbox"/> Summit Health GPcare <input type="checkbox"/> Summit Health Mental Health <input type="checkbox"/> Other Specify
Who or what is the subject of the feedback?	
Details of the feedback:	



Terms and conditions

Please tick the box and sign below to agree to the Terms and Conditions.

- I understand that by signing this form I am stating that the information I have supplied provides a true and correct representation of the events that have occurred and that have prompted this feedback. I understand that the information I supply will be used by the organisation:
- To further improve its service delivery
 - In accordance with relevant legislation

Signature: _____ Date: _____

Lodgement

Please place the form in a sealed envelope marked " Feedback : Confidential".

Summit Health will accept feedback through the following avenues:

- By mailing the completed Feedback Form to PO Box 208, Nairne SA 5252
- By faxing the completed Feedback Form to (08) 8406 7777
- By emailing the completed Feedback Form to feedback@summithealth.org.au

Processing Feedback

1. We shall acknowledge all feedback within 7 working days.
2. If the feedback relates to a service complaint, once reviewed, you will receive a written explanation of the outcome, and information regarding changes that will be made to policies, procedures, or other internal processes where relevant.
3. We shall have due regard to your privacy.

If you are unsatisfied with the manner in which you feedback is dealt with, you can contact the Health and Community Services Complaints Commissioner phone: 1800232007 / website www.hcsc.sa.gov.au

Office Use Only

Date Received:/...../.....