

**We value your feedback.  
What do we do well?  
What could we do better?**

**Please return form by:**

- Email or post.
- Dropping it in to the Patient and Family Liaison office.
- Handing it to a staff member who will forward it to Patient and Family Liaison.
- Placing it in one of the suggestion boxes\* located at the hospital

*\*Please note these boxes are emptied weekly.*

## Care Opinion

You can also share your experience anonymously on Care Opinion, an independent social media platform.

The South Metropolitan Health Service is notified when someone comments about our hospitals or health services and senior staff will post a response on the Care Opinion website  
**[www.careopinion.org.au](http://www.careopinion.org.au)**

**Cover photo:** The *koorlbardi* (Noongar name for the magpie) recognises the traditional owners of the land on which our hospitals sit and the rich Indigenous heritage and connection to this land.

## Contact

### Fiona Stanley Hospital

- phone: **6152 4013**
- email: **[FSHFeedback@health.wa.gov.au](mailto:FSHFeedback@health.wa.gov.au)**
- visit between 8.30am and 4.30pm (main hospital entrance, next to the reception desk).
- **[www.fsh.health.wa.gov.au](http://www.fsh.health.wa.gov.au)**
- Patient and Family Liaison  
**Fiona Stanley Hospital**  
Locked Bag 100, Palmyra DC WA 6961

### Fremantle Hospital

- phone: **9431 2787**
- email: **[FHFeedback@health.wa.gov.au](mailto:FHFeedback@health.wa.gov.au)**
- visit between 8.30am and 4.30pm (Level 5, B Block).
- **[www.fh.health.wa.gov.au](http://www.fh.health.wa.gov.au)**
- Patient and Family Liaison  
**Fremantle Hospital**  
PO Box 480, FREMANTLE WA 6959

*This document can be made available in alternative formats on request.*



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Government of **Western Australia**  
**South Metropolitan Health Service**  
Fiona Stanley Fremantle Hospitals Group



# Feedback form



## Feedback

☐ Compliment      ☐ Complaint  
☐ Concern      ☐ Other

**Please indicate which hospital:**

 Fiona Stanley Hospital  
 Fremantle Hospital

If your feedback relates to a current inpatient, please speak to senior staff in the area involved before completing this form. Our staff are here to help you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach any documentation.

**Everything you say will be treated in confidence.**

*You can remain anonymous if you wish.*

CFM: \_\_\_\_\_  
office use only

Ward / Area: \_\_\_\_\_

Date of event: \_\_\_\_\_ Date completing this form: \_\_\_\_\_

Name of patient (optional): \_\_\_\_\_

URM number (if known): \_\_\_\_\_

**We would like to hear about your experience. Please tell us what happened. When did this happen? Where? Who was involved?**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

### What would you like to happen as a result of your feedback?

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