



How can we help?

All feedback received is confidential and is not filed or recorded with your medical records.

You can remain anonymous if you wish. However, we may not be able to provide you with a response.

Do you need help completing this form?



Do you need an interpreter or this form in an alternative format?

Please ask a staff member and they will be able to assist you.

Date: _____

I want to give a . . . (Please tick one box)



Compliment



Complaint or Concern



Suggestion

Are you a: (Please tick) Patient Visitor Family/Carer
 Other: _____

First Name: _____

Last Name: _____

Address: _____

Contact: _____

Name of dental clinic you visited: _____

Continued on next page

What would you like to tell us?

Please provide as much detail about your experience as possible.
Include When, Where, What happened and Who was involved.

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

Please tick box if you would like written acknowledgement of your feedback

Thank you for taking the time to provide your feedback - it helps us improve the services we offer.

What can I do with this form?



Hand to any staff member.



Talk to a staff member



dhs.enquiries@health.wa.gov.au



Post to:

Executive - Dental Health Service
Locked Bag 15
Bentley Delivery Centre
WA 6983

OFFICE USE ONLY

Staff member receiving the feedback:

Name: _____ Location: _____ Date: _____

How was the complaint received? In person Phone Mail Email Feedback Form

Staff member actioning the feedback:

Name: _____ Location: _____ Date: _____

Action taken / outcome realised: _____

Office PRN: _____

Would you like more information or to provide feedback?

This document can be made available in alternative formats such as braille, audio tape or electronically on request.



Communications Officer, Dental Health Services
Locked Bag 15, Bentley Delivery Centre, WA 6983



(08) 9313 0555



dhs.publications@health.wa.gov.au



www.dental.wa.gov.au

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