



**What would you like to see happen? (What would help resolve this?):**

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**Any Other Comments:**

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Name of staff member (if applicable): .....

If a compliment, would you like to nominate staff for a WCHN Person and Family Centred Care Award? **Yes / No**

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**Please send to:**

Consumer Feedback Coordinator, Safety and Quality Unit  
Women's and Children's Health Network  
72 King William Road, North Adelaide SA 5006

Phone: (08) 8161 6710

Or fax to: (08) 8161 6968 or email [HealthWCHNConsumerFeedback@sa.gov.au](mailto:HealthWCHNConsumerFeedback@sa.gov.au)

**Privacy**

As part of your care, we often need to gather and keep information about you. This may be private personal information that you wish to be kept confidential. All WCHN staff are bound by legislation to maintain your confidentiality. They are also obliged to follow the department of Health's privacy guidelines. These can be found on the Department's website at [www.health.sa.gov.au](http://www.health.sa.gov.au)

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**OFFICE USE ONLY: To be completed by the responsible manager**

Action taken in response to consumer feedback  
(Include dates, times) Attach copies of ALL relevant documents

What was the opportunity for improvement arising from the feedback?

What action has been taken to address this opportunity?