

# Your feedback

Tell us about your experience

This form should be used for:

- Compliments
- Suggestions
- Complaints

Te Whatu Ora welcomes compliments, suggestions and complaints from you. Receiving any feedback gives us an opportunity to improve our services as well as pass on your compliments.

This form can be submitted by any of the below:

**In person:**

Please place this form in the **FEEDBACK Boxes** provided around the Timaru Hospital

**Email to:**

[feedback@scdhb.health.nz](mailto:feedback@scdhb.health.nz)

**Post to:**

Te Whatu Ora  
Quality and Risk Department  
Private Bag 911  
Timaru, 7940

**Other ways of providing feedback:**

**Discuss** your concerns with any staff member

**Submit it online via:** [www.scdhb.health.nz/feedback-form](http://www.scdhb.health.nz/feedback-form)

**Write to:**

Te Whatu Ora  
Quality and Risk Department  
Private Bag 911  
Timaru, 7940

**For independent assistance contact:**

Nationwide Health and Disability  
Advocacy Service  
0800 555 050  
[www.advocacy.org.nz](http://www.advocacy.org.nz)

**OR**

The Health and Disability  
Commissioner  
0800 11 22 33  
[www.hdc.org.nz](http://www.hdc.org.nz)

## Your feedback – tell us about your experience

Type of feedback (tick the one that applies):

Compliment

Suggestion

Complaint

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### Person affected details:

Name:

Date of Birth:

NHI (if known):

Contact number:

Email or physical address:

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Ward/department:

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### Your details (if different from person affected):

Name:

Contact number:

Email or physical address:

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Relationship to person affected:

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Kindly note that privacy legislation requires that a complaint made on behalf of someone over the age of 16, and who does not have a Power of Attorney, must have consent from that person. The affected person will be contacted to obtain consent.



