SA Dental Service Client Feedback

...... / / 20.......

Date:

Government of South Australia

SA Health

Central Adelaide Local Health Network SA Dental Service

day month vear 136 North Tce ADELAIDE SA 5000 Postal Address I would like to (✓) GPO Box 864 ADELAIDE SA 5001 compliment SA Dental Service (08) 7117 0052 (08) 7117 0014 make a suggestion to SA Dental Service HealthSADSPublic@sa.gov.au www.sahealth.sa.gov.au/sadental make a complaint about SA Dental Service on behalf of myself UR No: my date of birth if known Mr / Mrs / Ms / Miss / Dr / Mx my first name circle one my surname My address Postcode My daytime phone number My mobile number My email address UR No: on behalf of **someone else** their date of birth if known Mr / Mrs / Ms / Miss / Dr / Mx.... circle one their first name their surname Has the person who wants to provide feedback given you permission to do so on their behalf? yes - I'm this person's your relationship to this person? (eg parent, friend, partner etc) My address Clinic information date

To which clinic does the feedback relate?	
	name of clinic(s)
When did this situation occur?	

Who were the staff involved?

Summary of my (✓)	□ compliment	□ suggestion	□ complaint	
What would you like us to know &/or consider?				
		(fool from to add	more pages if paeded)	

Once you've completed your form, you can

- leave it with reception staff at your local clinic
- mail it to the clinic's Local Operations or Hospital Unit Manager
- mail it to the Client Relations Unit, SA Dental Service, GPO Box 864, Adelaide SA 5001

You will find clinic contact details in the front section of the white pages of the phone book under SA Health, SA Dental Service, or on our website at www.sahealth.sa.gov.au/sadental under "Dental Clinics".

Thank you for taking the time to provide us with this information. Your feedback will help us to review and improve our services.