



**Client Relations Unit**  
**SA Dental**  
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# Consumer Feedback and Complaints Form

## I would like to (✓)

- compliment SA Dental
- make a suggestion to SA Dental
- make a complaint about SA Dental

Date: .....  
 (Day/Month/Year)

On behalf of myself ..... UR no: .....  
 (my date of birth) (if known)  
 .....  
 (my first name) (my family name)

My address ..... Postcode .....

My daytime phone number ..... My email address .....

On behalf of someone else ..... UR no: .....  
 (their date of birth) (if known)  
 .....  
 (their first name) (their family name)

Their address ..... Postcode .....

Has the person who wants to provide feedback given you permission to do so on their behalf?

- Yes, I'm the person's .....  
 (your relationship to this person - e.g. parent, friend, partner etc.)
- No

My name ..... My daytime phone number .....

My address .....

My email address .....

## Clinic Information

To which clinic does the feedback relate .....  
 (name of clinic/s)

When did this situation occur .....  
 (date)

Who were the staff involved? .....  
 (name(s) of staff involved and their position(s)- if known)

