**Comments / Feedback / Suggestions**



St Patricks Mental Health Services is committed to providing the highest possible standards of care to everyone who engages with our services.

If you have any comments, feedback or suggestions, please complete this form and place it in any of the comment boxes located throughout the hospital and clinics. Your comments, feedback and suggestions are very important to us and help us to develop and improve the services that we provide.

**St Patricks Mental Health Services**

St Patricks University Hospital St Edmundsbury Hospital Willow Grove

James’s Street, Lucan, Adolescent Unit,

Dublin 8 Co. Dublin James’s Street,

 Dublin 8

Ph: 01 2493200 Ph: 01 6218200 Ph: 01 2493200

*Information & Support Service* Ph: 01 2493333

*Email* clinicalgovernance@stpatsmail.com

*WWW*  www.stpatricks.ie

**Mental Health Matters**

Please indicate whether you are currently:

Inpatient Out-patient Visitor Staff

***Please give us your comments / feedback / suggestions:***

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Occasionally, comments received may be used on the St Patricks Mental Health services website and / or other publications.

All comments used will remain anonymous. If you do not wish this information to be published / used please tick here

**Mental Health Matters**

**Signing this form and / or filling in personal details is optional**

However, if you would like to be contacted or if you have reason to complain about any person, whether this is a staff member or other, please be aware that this cannot be followed up without your details.

Please print your name and address clearly:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you require assistance in completing this form, a staff member will be happy to help you.***

**Please tick here if you would like to be contacted with feedback**

If you would like feedback, please indicate how would you like to receive that feedback:

Telephone Email Written, by Post In Person

**Office Use Only**

Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Input by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Hospital Use Only**

Date Received: / / Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: Staff Service User Mail Verbal Other

Relates to: Direct Patient Care Indirect Patient Care

Feedback Requested: Yes No

**Complaint / Comment assigned to**

|  |  |  |  |
| --- | --- | --- | --- |
| CEO |  | DOS |  |
| DON  |  | HR |  |
| DON St Eds |  | CNM WGAU |  |
| MD |  | OT |  |
| Household Manager |  | Con Council |  |
| Catering Manager |  | Finance |  |
| Pharmacy |  | PM – Programmes |  |
| PM – Deans |  | PM – Quality |  |
| R&S |  | Admin Mgr |  |
| IT Mgr  |  | Med Rec Mgr |  |

Via: Email Internal Mail Hardcopy

***Additional Notes***

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