**Comments / Feedback / Suggestions**



At St Patricks Mental Health Services we are committed to providing the highest possible standards of care to everyone who uses our services.

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

|  |  |  |
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| **St Patrick’s Mental Health Services** | | |
| St Patrick’s University Hospital | St Edmundsbury Hospital | Willow Grove Adolescent Unit |
| James’s Street  Dublin 8  Phone: 01 – 249 3200 | Lucan  Co. Dublin  Phone: 01 – 621 8200 | James’s Street  Dublin 8  Phone: 01 – 249 3200 |

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| **Additional Supports** |
| Information & Support Services 01 – 249 3333 |
| Clinical Governance Office [clinicalgovernance@stpatsmail.com](mailto:clinicalgovernance@stpatsmail.com) |
| St Patricks Mental Health Services Website stpatricks.ie |

**Your Feedback**

**If you need help filling out this form, a staff member will be happy to help you**

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| **Which of the following are you?**  Inpatient Out-patient Visitor Staff |

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

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your Details**

**Filling in your personal details is optional. However, we can only contact you if you provide your details.**

|  |  |
| --- | --- |
| **Your Contact Details – please print this information clearly** | |
| **Name** |  |
| **Address** |  |
|  |  |
|  |  |
| **Phone number** |  |
| **Email address** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you like feedback from us? Yes No | | | | |
| If ‘YES’ – how would like to receive that feedback? | | | | |
| By Phone | By Email | Written, by post | In person | Don’t mind |

**Office Use Only**

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

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

Complaint Compliment Comment Request Suggestion

Assigned to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledged by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Applicable:

Open Pending Investigation Closed

**Thank you for taking the time to provide us with your feedback**

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