

# Western District Health Service

## CUSTOMER/PATIENT SERVICE FEEDBACK

The Western District Health Service is committed to continuously improving its service and your views are important to us. We would like to hear about your experience with the service. This may be in the form of suggestions, complaints or compliments. Jot down your thoughts and leave this in an envelope at reception.

**SERVICE OR SERVICES USED:** .....

**COMMENTS:**

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**Direct to:**  
**Quality Manager**  
**Western District Health Service**  
**Box 283**  
**HAMILTON 3300**

**(Optional)**  
Mr  Mrs  Ms  (Please tick)  
Name: .....  
Address: .....  
.....  
Postcode:.....  
Ph. No: .....