St Helena Government

Health & Social Directorate Feedback and Complaints form.

If you would like to feedback or make a complaint, please complete the boxes within this form. It can be handed to a member of staff at the front reception, or emailed to; healthfeedback@sainthelena.gov.sh

Date	
Full name	
Full postal address	
Telephone number	
Email address	
For which service do you wish to feedback? (e.g. hospital, outpatients, dental, laboratory etc.)	
Please write details of your experience below and overleaf. If you are completing this form on behalf of someone else, please include their name and details if not entered above. Please include as much detail as possible.	
Please continue overleaf	

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Thank you for taking the time to feedback to us. We aim to acknowledge all feedback within 5 working days of receiving this form.

How would you prefer to be contacted in the first instance?

Phone ☐ Letter ☐ Email ☐

Signed ..... Date .....