

Southern Health

CONSUMER FEEDBACK FORM

Person providing feedback (complainant details)	Consumer												
<p>We appreciate that at times you and/or the person you are acting on behalf of may wish to remain anonymous. If this is the case, an investigation will not be conducted and this information will be used as constructive feedback only.</p> <p>Medical Record # (if known)..... <u>2283458</u></p> <p>Title: <input checked="" type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Master <input type="radio"/> Ms</p> <p>First Name: <u>DAVID</u></p> <p>Surname: <u>CROFTS</u></p> <p>Address: <u>23 BRISBANE STREET</u> <u>BERWICK</u> Postcode: <u>3806</u></p> <p>Phone: <u>0397074594</u> Mobile: <u>0437074594</u></p> <p>Email: <u>dasc1961@netscape.net</u></p> <p>Primary Language: <u>ENGLISH</u></p> <p>Interpreter Required: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>What is your relationship to the Consumer?</p> <table style="width: 100%;"> <tr> <td>Child <input type="checkbox"/></td> <td>Friend <input type="checkbox"/></td> </tr> <tr> <td>Parent <input type="checkbox"/></td> <td>Sibling <input type="checkbox"/></td> </tr> <tr> <td>Self <input checked="" type="checkbox"/></td> <td>Spouse <input type="checkbox"/></td> </tr> <tr> <td>Other: <input type="checkbox"/></td> <td></td> </tr> </table> <p>Please specify.....</p>	Child <input type="checkbox"/>	Friend <input type="checkbox"/>	Parent <input type="checkbox"/>	Sibling <input type="checkbox"/>	Self <input checked="" type="checkbox"/>	Spouse <input type="checkbox"/>	Other: <input type="checkbox"/>		<p>(Please complete only if different from the complainants details).</p> <p>Medical Record # (if known).....</p> <p>Title: Mr Mrs Miss Master Ms</p> <p>First Name:.....</p> <p>Surname:</p> <p>Address:.....</p> <p>..... Postcode:.....</p> <p>Phone:..... Mobile:</p> <p>Email:.....</p> <p>Date of Birth: <u>23/2/1961</u></p> <p>Primary Language:.....</p> <p>Interpreter Required: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If you have the following information, please provide:</p> <p>The name of the Ward, Unit, Department or Service: <u>WARD E</u></p> <p>The name of the treating health professional(s): <u>DR. SHAUN TAMPIYAPPA</u> <u>DR. MARTIN PRESTON</u></p>				
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Parent <input type="checkbox"/>	Sibling <input type="checkbox"/>												
Self <input checked="" type="checkbox"/>	Spouse <input type="checkbox"/>												
Other: <input type="checkbox"/>													
<p>Where was the service provided?</p> <table style="width: 100%;"> <tr> <td>Casey Hospital</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Cranbourne Integrated Care Centre</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dandenong Hospital</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Kingston Centre</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Monash Medical Centre Clayton</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Monash Medical Centre Moorabbin</td> <td><input type="checkbox"/></td> </tr> </table> <p>Community Service <input type="checkbox"/> Please specify site</p> <p>Mental Health Service <input type="checkbox"/> Please specify site.....</p>		Casey Hospital	<input checked="" type="checkbox"/>	Cranbourne Integrated Care Centre	<input type="checkbox"/>	Dandenong Hospital	<input type="checkbox"/>	Kingston Centre	<input type="checkbox"/>	Monash Medical Centre Clayton	<input type="checkbox"/>	Monash Medical Centre Moorabbin	<input type="checkbox"/>
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Please provide details of your feedback including dates, times, location and outcomes. (If more space is required, please add pages).

After being contacted by Dr. Shaur Tampiyappa, he demanded that I appear before him to gesticulate in his face. When I obliged, his response was to sentence me to an intense four week course of extreme chemical unscrew in the torture chamber known as ward E. In reality all that was indicated was to disengage from this arsehole and cool off for 1/2 an hour in the supportive environment of my own home. If your response is going to be I was psychotic at the time please do not respond and keep that bullshit to yourself. This admission leads me to conclude that the consultant is simply "the opposition" and he is abusing the tools of the medical profession in a war against the patient that is 100% anti-patient with psychiatric window dressing.

To enable us to best meet your expectations, please advise if you would like a written response or a meeting to further discuss your feedback:

I expect a written response preferably by email.

Signature of Consumer: _____

Date: ___/___/___

Signature of Person Providing Feedback: DA Crofts

Date: 12/7/13

Prior to the commencement of an investigation a staff member will telephone both the Consumer and the person providing feedback to confirm receipt of the feedback form. An investigation cannot proceed without the consent of the Consumer or their Guardian. Please ensure that all of your contact numbers and address details are completed.

Please return the completed form to the relevant site *Consumer Liaison Officer by mail:*

Casey
Locked Bag 3000
Hallam 3803
(8768 1465)

MMC Clayton
Locked Bag 29
Clayton 3168
(9594 2702)

Dandenong Hospital
PO Box 478
Dandenong 3175
(9554 8078)

Kingston Centre
Warrigal Road
Cheltenham 3192
(9709 7134)

MMC Moorabbin
PO Box 72
East Bentleigh 3165
(9928 8584)

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

Please note that feedback may also be provided by completing the online form available on the Southern Health website [http://www.southernhealth.org.au/page/About Us/Contact us/](http://www.southernhealth.org.au/page/About%20Us/Contact%20us/).