

Consumer Information Feedback Log

Use this form to list the feedback you receive from consumers and staff about your resource. You will need to record all feedback - good and bad. Use this feedback to make appropriate changes to your resource. Please record the changes you make in the 'Action arising' column.

Please send the individual feedback sheets, this completed Log and the final draft of your resource (in either Word or Publisher format only) to: ISLHD-2
PatientInfo@health.nsw.gov.au. Thank you.

Document title:			Author name:
Date received	Feedback from:	Comment received	Action arising from comment (if no action, note the reason for this decision)

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