



Consumer Feedback Datix Downtime Form

Section 3.7 of the Complaints Management Policy 2020 (MP0130/20) requires that all complaints received are entered into the Datix Consumer Feedback Module.

Services are expected to have downtime procedures to meet policy requirements when Datix CFM is unavailable due to technical reasons. This form is intended to be used for initial notification of consumer feedback. Please also refer to any other local downtime procedures.

Type of Feedback: *(Circle appropriate type of feedback)*

Complaint

Contact or Concern

Compliment

Has the feedback been received via a minister's office? Yes/No _____

Has the feedback been received via an advocacy group? Yes/No _____

(Provide ministerial reference number/advocacy group contact details if relevant)

Date feedback received by organisation (dd/mm/yyyy): _____

Date relevant event occurred (dd/mm/yyyy): _____

Method of lodgement: *(Circle appropriate method of lodgement)*

e-Form	Email	Fax	Feedback form
In person	Letter/Card	Social media	Telephone
Care opinion - Reference number:		Other - Details:	

PEOPLE INVOLVED:

What are the details of the person who reported the feedback?

Tick for anonymous complaint

Last Name	
First Name	
Date of Birth	
Age	
Gender	
Postcode	
Is the person of Aboriginal or Torres Strait Islander descent?	
Is an interpreter required? If yes, which language?	



What is this person's preferred method of contact?

Email Face-to-face Letter Telephone Not specified

Are the person reporting the feedback and the person affected the same person?

Yes	<i>If Yes, there is no need to record their details twice; skip the below two questions and move to 'Does the feedback relate to a mental health episode of care?'</i>
No	<i>If No, move to 'What is the relationship of the person reporting the feedback to the person affected by the feedback?'</i>

What is the relationship of the person reporting the feedback to the person affected by the feedback?

Carer	Official Visitor (e.g. MHAS)	Partner/Spouse
Employee/Member of staff	Other consumer group	Personal advocate
Friend	Other health/social care professional	Personal legal representative
Member of public	Parent	Relative
Other (not listed):		

What are the details of the person affected by the feedback?

Last Name	
First Name	
Date of Birth	
Age	
Gender	
Postcode	
Is the person of Aboriginal or Torres Strait Islander descent?	
Is an interpreter required? If yes, which language?	

Does the feedback relate to a mental health episode of care?

Yes No Not applicable Unknown

PLACE OF PRIMARY EVENT:

Place of Incident/Event: _____

Hospital/Service name: _____



*Insert sticker with Patient and UMRN details or
write this down manually if applicable*

Summary of events

IMMEDIATE ACTION:

Does the feedback have potential for serious patient safety, legal, political, financial, or media implications?

Yes No

What immediate action has been taken?

DETAILS OF PERSON LODGING THE FEEDBACK

Name:

Contact Number:

Email address:

Designation:

This form has been forwarded to:

Enter the person's name and role

Follow any usual processes and contacts you would send forms to during a downtime.



Follow any other local downtime procedures not listed in this form.

For any other enquiries, contact PSSU on PSSU@health.wa.gov.au

A Datix record should be entered for every complaint. When the system is available again the details on this form must be entered into the Datix system by relevant personnel. Add the CFM reference number below to indicate that the record has been entered into the system.

CFM reference number: *(Add in number when DATIX is available again)*

CFM _____

Use ONLY when online DATIX CFM unavailable