## YOUR EXPERIENCE AT CEZA

Please tell us how you were received and how we can improve our services to you.

How did the staff treat you?	How long did you spend at
	the hospital from arrival until
☐ Friendly	☐ 1-2 hours
☐ Respectful	$\Box$ 3-5 hours
□ Rude	$\Box$ 5 and longer
Tell us what your general	Was the information
Impression of the hospital is	given in privacy?
☐ Clean	□ Yes
☐ Can improve	□ No
□ Dirty	□ Sometimes
Would you visit this hospital again?	Would you recommend this hospital to family/friends?
□ Yes	□ Yes
$\square$ No	$\square$ No
Were you treated by a named Practitioner?	Is there a clinic in your area?
□ Yes	□ Yes
$\square$ No	$\square$ No
Comments:	

Ceza Hospital P/Bag x200 Ceza 3866

Tel. no. 035-8320001/2

E-mail: h040140@dohho.kzntl.gov.za

Fax no. 035-8320027

## WELCOME TO CEZA HOSPITAL



You can submit complaints and suggestions by putting them in the complaints or suggestion boxes placed in various departments or by writing to: The Hospital Manager/ P.R.O

Physical Address: ECHIBINI AREA KWA-CEZA

CEZA HOSPITAL



" WITH PASSION, WE GIVE QUALITY LIFE"