

Government of Western Australia WA Country Health Service

WA Country Health Service is committed to providing a consumer focused health service and recognises the value of feedback from patients, clients, carers or visitors as a source of information to support service improvement.

If you are happy with our service, or have a suggestion or complaint, please talk to one of our staff or fill in this form. If you would like to speak to a manager this can be arranged – please ask any member of staff.

All complaints are investigated. If you would like us to respond to you, please provide your contact details on this form. If you wish to remain anonymous, any issues you raise will still be fully investigated.

If you need help or are unable to fill in this form please speak to a staff member who will help you.

Lodging a complaint will not impact on any future care or treatment you receive from our services.

You also have the option to upload your story anonymously on the Care Opinion website at www.careopinion.org.au

#### Thank you for your comments

This information is available in alternative formats upon request.

If you are unable to resolve your complaint another avenue for an independent review of your complaint is:

## Health and Disability Services Complaints Office (HaDSCO)

#### www.hadsco.wa.gov.au/home/

GPO Box B61, Perth, WA 6838 Tel: (08) 6551 7600 Free call: 1800 813 583 Fax: (08) 6551 7630 TTY: (08) 6551 7640 Email: mail@hadsco.wa.gov.au

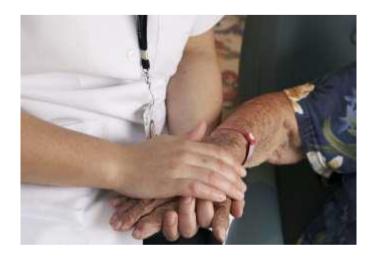
If you require advocacy and support with the complaint process contact: **The Health Consumers Council WA** GPO Box C134, Perth, WA 6839 Tel: (08) 9221 3422 Free call: 1800 620 780 Fax: (08) 9221 5435 Email: info@hconc.org.au

C	ONTACT DETAILS						
Service Name	WACHS - Midwest						
Street Address:	Cleaver Street CARNARVON, WA 6701						
Mail Address:	PO Box 417 CARNARVON, WA 6701						
Telephone:	(08) 9941 0301						
Email:	<u>gascoyneadminassistant.wachs-</u> midwest@health.wa.gov.au						

#### Midwest

# We value your feedback

### Consumer Feedback Form



	Please return this form by:	Would you like a response from us?	What would you like to happen now?							Please tell us what happened:	Mobile:	Hospital/Site: Phone:	(If applicable)	Postal Address:	Nalle.	Today's Date: Your details:
Giving it to a staff member, or Placing in the consumer feedback box located at the hospital, or		n us? Yes No	now?											S:		ails:
epital or		(please circle)									Mobile:	Phone:		Postal Address:	Name:	If different to yours)