

Complaint/Feedback Form



Feedback, suggestion or complaints about West Wimmera Health Service are appreciated and are taken seriously.

Date: _____

Consumer/Staff

Name (Ms/Mrs/Mr): _____

Address: _____

Telephone: home _____ work _____ mobile _____

Name of patient: _____

If you are not the patient, what is your relationship to the patient? _____

Is an interpreter needed? No Yes - preferred language? _____

Details

West Wimmera Health Service Department: _____

Date of incident/s: _____

Approximate time of incident/s: _____

Name of relevant staff member/patient (if known): _____

What happened? _____

What outcome would you like? _____

Upon completion, please give this form to a staff member.

West Wimmera Health Service Complaints Officer:
Melanie Albrecht malbrecht@wwhs.net.au 03 53914224