WWHS

Tell us how we're doing

My Say

If you need help to complete this form, please ask a member of our team for assistance.

We take pride in our efforts to deliver exceptional services for our patients, their carers and family, and our community. We value your input and thank you for taking the time to help us improve the way we look after you and the community. We will act on your suggestions. We will respect your privacy. This form may be completed anonymously.

Today's Date: ____ / ____ / ____ **Location:** _____

Departments / Program / Service: _____

Patient Name (If you're completing this on behalf of someone else) _____

I would like to tell you about a:

☐ Compliment ☐ Concern ☐ Suggestion for improvement

_____

_____

_____

_____

_____

_____

_____

If you have a concern, how would you like this resolved?

☐ I request a response ☐ Apology ☐ Explanation ☐ Procedure/Policy Change

☐ Improved Access to Service ☐ Staff Education ☐ I'm not sure, just registering my concern/suggestion

☐ Other: _____

If you would like us to get back to you, please fill in your contact details:

☐ No thanks, I wish to remain anonymous

Name: _____ Phone: _____

Address: _____

Email: _____

WHAT NEXT?

When you've completed the form, you can:

- Give it to any member of our staff
- Put it in a 'My Say' Box
- Email to: mysay@wwhs.net.au
- Post to: Reply Paid, PO Box 231, Nhill VIC 3418

To discuss your experience or any other opportunities to help us improve, please contact our Communications and Customer Partner on 5391 4293.

☑ Consumer Reviewed