

What would you like to tell us?

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What would you like to happen?

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Which area does your feedback relate to?

- ☐ Transport
- ☐ Reception
- ☐ Clinical -Doctors, Nurses, AHW's
- ☐ Administration
- ☐ Buildings/Grounds
- ☐ Other

.....
.....

☐ Are you a Patient/Client/Carer?

☐ Visitor ☐ Staff

Date:.....

Time of Day:.....

How can you provide Feedback?

Place this form into the Feedback box in the Waiting Room

OR

Hand this form to one of our staff

OR

Write or speak directly to our staff

Would you like to hear back from us ?

☐ **Yes** ☐ **No**

If Yes, please provide your contact details:

Name:.....

Address:.....

.....

Phone:.....

Do you need help with this form?

If you need help to fill in this form.....please ask a staff member.

Your Feedback lets us know what we are doing well or what we could improve.

Compliments: are reported to relevant people and staff.

Suggestions: are managed according to their purpose and fit, and put in place where suitable.

Complaints: are taken seriously and directly to the Executive Officer to be investigated and acted upon.

All feedback is recorded on our Feedback Register and managed at various Committee meetings.

Where else can you go?

If possible, please talk to us first, we may be able to help.

You are entitled to contact the Health and Disability Services Complaints Office (HaDSCO), they are a free independent service who provide advice and management of your complaint.

Health and Disability Services Complaints Office

Freecall: 1800 813 583

Address: GPO Box B61
Perth WA 6838

To speak with us please visit or phone as below:

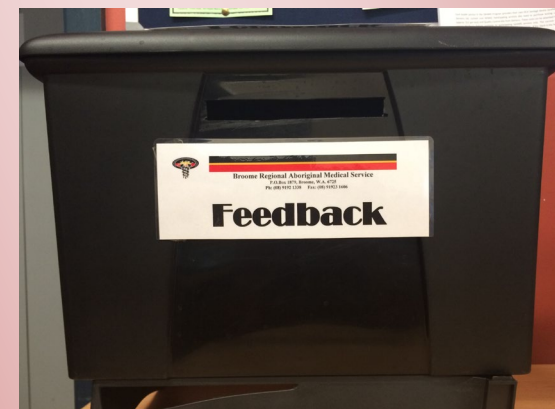
Broome Regional Aboriginal Medical Service – BRAMS

Corner of Dora and Anne Streets,
Broome, 6725, WA

Phone: 08 91921338

Hours: 8.30am-4.00pm

Feedback Form



We look forward to hearing your comments on our service



Broome Regional Aboriginal Medical Service

BRAMS, V1, Feb 2015, VM