Locked Bag 2010 NEDLANDS WA 6909 Delivery Address



Government of Western Australia
Child and Adolescent Health Service

Child and Child and Family Engagement Service **Adolescent Health Service**

Reply Paid 85227

NEDLANDS WA 6909

Sharing your experience

We welcome feedback, both positive and negative. It helps us provide you with a better service that meets our vision of healthy kids, healthy communities.

What we will do with your feedback

Respond

Once we receive your feedback, we may contact you to talk about your experience.

Compliments are fed back to the relevant areas and shared with staff.

All complaints are acknowledged within five working days, investigated and responded to within 30 working days. If there is a delay due to the complexity, we will let you know.

If you choose to respond anonymously, we will still direct your feedback to the relevant staff, but may not be able to respond.

Take action

Your feedback drives improvements to the services we provide to children and families.

For language assistance, please speak to one of our staff or call the Translating and Interpreting Service (TIS) on 131 450 to facilitate your call.

This document can be made available in alternative formats on request for a person with a disability.



Government of Western Australia Child and Adolescent Health Service



Telephone: (08) 6456 2222

Disclaimer: This publication is for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed. © State of Western Australia, Child and Adolescent Health Service. Ref.no 0771. © CAHS 2019. Revised May 2020.





Feedback form

What do we do well? What could we do better?

> Tell us about your experience

We value your feedback about our services.

Your feedback helps us to understand what we do well and where we need to improve.

Ways to give feedback

Online

Complete our online feedback form: cahs.health.wa.gov.au/cahsfeedback or post your experience online with Care Opinion: careopinion.org.au

Email

cahsfeedback@health.wa.gov.au

Form

Complete this form and:

- drop into the Feedback box at your CAHS clinic, centre or Perth Children's Hospital
- give it to a CAHS staff member
- drop it into a post box (free of charge)

Phone

(08): 6456 0032

In person

Chat to one of our friendly liaison staff in the Family Resource Centre, Ground level, PCH

Hearing or speech services

TTY or modem users: call 133 677 and quote (08) 6456 0032 SMS relay: 0423 677 767

Making a complaint

Speak to someone first

We encourage you to discuss your concerns directly to the person, their manager, ward or department first. It's the quickest and easiest way to resolve an issue.

Still concerned?

If you don't feel like your issue or concern has been addressed, complete this form or use one of the other ways to feed back about your experience.

Which service does your feedback relate to?

- ☐ Perth Children's Hospital
- Community Health: (child health nurse, school health nurse, child development service)
- ☐ Child and Adolescent Mental Health Service
- □ Neonatology

Your contact details

You may be contacted by the Child and Family Engagement Team to discuss your feedback.

Name:

Contact number:

Email:

Postal address:

Patient and client details

Complete if you're providing feedback on behalf of someone else.

Name:

Patient/client date of birth:

We need permission from the next of kin or guardian of the patient/client to respond to your feedback.

Please tick if you need

Your relationship to patient/client:

☐ An interpreter

Which language needed:

Your feedback

Please tell us about your experience. What happened? What date did this happen? Where? Who was involved?

Ward/clin	ic/school:		
	10,0011001.		
<u></u>	\	 <mark>/</mark>	<u>/</u> //.
<u> </u>		 	<u> </u>
		 	,/

What would you like to see happen as a result of your feedback?