# What to expect

We will let you know that we have received your feedback within five working days.

Complaints are investigated and a response is provided within 30 working days. If there is a delay, we will let you know.

Your feedback is kept private and will not affect the care we provide you or your child.

We will still pass on your feedback to the relevant staff, even if you wish to remain anonymous.

### Support available

#### For hearing or speech services:

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

If you require an interpreter, please let us know and we will provide one.







Everyone is welcome at CAHS, where diversity is valued and respected.

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

#### **Child and Adolescent Health Service**

15 Hospital Avenue, Nedlands, WA, 6009. Telephone: (08) 6456 2222

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# We want to hear from you

We value your feedback. It helps us understand your needs, what we do well and how to improve.

#### **Speak to someone first**

If you have a suggestion or concern, talk about it with a staff member first. This is the fastest way we can help you.

#### Still concerned?

If you are still concerned or unhappy, you can ask to speak with a manager or contact our Child and Family Liaison Service in the following ways:

- Place this form in the Feedback box at the Information Desk at Perth Children's Hospital
- Visit a Liaison Officer in the Ronald McDonald Family Room, ground floor of Perth Children's Hospital, 8.30am to 4.30pm (no appointment necessary)
- Email: cahsfeedback@health.wa.gov.au
- **Phone:** (08) 6456 0032
- Complete an online feedback form by scanning this QR code

Or you may wish to post your story on careopinion.org.au

cahs.health.wa.gov.au



For more information on the consumer feedback process, visit



# Feedback form

Your experience with CAHS matters to us



# Your feedback By phone By email **Contact details** Which service does your feedback relate to? Name: Perth Children's Hospital Child and Adolescent Mental Health Service Contact number: Community Health (e.g. child health nurse, Neonatology Email: school health nurse, Child Development Service) Postal address: Please tell us your experience: When and where did this happen? What happened? Who was involved? Ward/clinic/school: Date: Do you have any needs that require extra support? Are you (or your child) of Aboriginal or **Torres Strait Islander descent?** No. Yes Would you like to use an interpreter? Patient/client details What would you like to happen? Patient/client name: Patient/client date of birth: Your relationship to patient/client: We may need permission from the next of kin or guardian of patients/clients under 18 to respond

**Thank you.** Your feedback will assist us in improving the services we provide.

Would you like a Liaison Officer to contact you?

to your feedback.