



WEST GIPPSLAND
HEALTHCARE GROUP

West Gippsland Healthcare Group (WGHG) encourages and values feedback from all consumers, no matter your background, culture, language or ability. Your feedback is important and will help us know what we are doing well and where we can improve.

Feedback might be:

- a compliment about the service or staff
- a suggestion for improvement
- a complaint about treatment or care

Talking to staff is often the quickest way to address your concerns. You can also:

Complete this form and place in feedback box located at main hospital reception.

Mail your feedback to:

WGHG Feedback
41 Landsborough Street,
Warragul, VIC, 3820

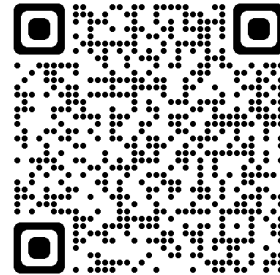
Complete an online feedback form at:

www.wghg.com.au

Send an email to: feedback@wghg.com.au

Phone: The feedback line
(03) 5623 0615

A copy of this form is available to download in a range of different languages. Please scan this QR code for more information:



External Resources

Office of the Health Complaints Commissioner
PH: 1300 582 113

Aged Care Quality and Safety Commission
PH: 1800 951 822

NDIS Quality and Safeguards Commission
PH: 1800 035 544

Elder Rights Advocacy
PH: 1800 700 600

From home you can contact us directly by using the Telephone Interpreter Service on 13 14 50. Interpreter services are provided free of charge.

**We Value
Your
Feedback**



**“We won’t know if
you don’t tell us”**

**Complaints and Compliments help us
improve the service we provide**



May 2023

What is the nature of your feedback?

- Compliment Complaint
 Suggestion for improvement

Do you wish to remain anonymous?

- Yes No

Anonymous feedback will still be recorded and reviewed

Would you like a response to your feedback?

- Yes No via: Phone / Email / Letter

Interpreter required Yes No

(if yes, which language).....

Your details (person providing feedback)

Name:

Address:

Phone:

Email:

Your relationship to the patient/consumer

.....

Patient/consumer details (if different from above)

Name:

Date of birth:

**Name of the Ward, Unit, Department or Service
(if known)**

.....

.....

Today's Date.....

Tell us about your experience (please include dates if known)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

