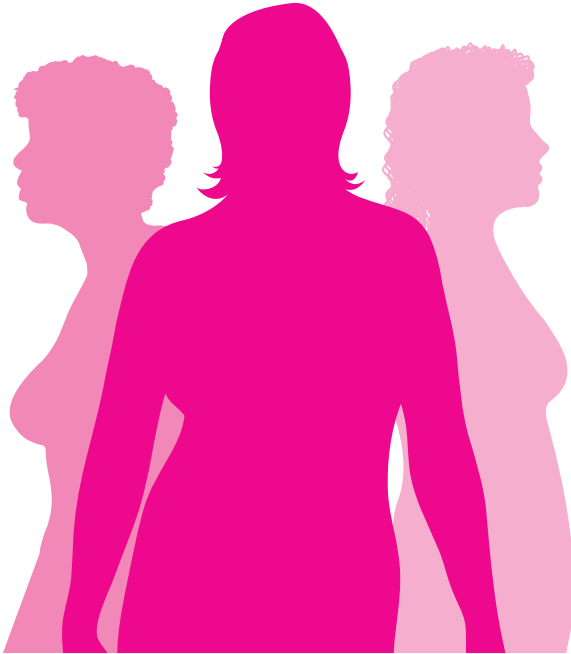


Information collected through compliments and complaints is used for the improvement of the BreastScreen WA service.



BreastScreen WA

Telephone (08) 9323 6700 Facsimile (08) 9323 6799  
Bookings 13 20 50

Translating Interpreting Service (TIS) 13 14 50

[www.breastscreen.health.wa.gov.au](http://www.breastscreen.health.wa.gov.au)

### If you have a complaint you may:

- speak to any member of staff
- fill in this feedback pamphlet
- e-mail: [breastscreenwa@health.wa.gov.au](mailto:breastscreenwa@health.wa.gov.au)
- visit [www.breastscreen.health.wa.gov.au](http://www.breastscreen.health.wa.gov.au) and click "Contact us" at top right of home page
- contact: BreastScreen WA  
9th Floor, Eastpoint Plaza  
233 Adelaide Terrace, Perth WA 6000  
Telephone: (08) 9323 6700

### Your complaint will be:

- treated in a welcoming and confidential manner
- investigated promptly, with due regard for principles of procedural fairness and good customer service.

### Other people who may be able to help you

If you believe the service has not dealt with your complaint to your satisfaction you may choose to write to:

#### Customer Service Unit

Women and Newborn Health Service  
Executive Corridor, 1st Floor, A Block  
374 Bagot Road, Subiaco WA 6008  
or

#### The Health and Disability Service Complaints Office (HaDSCO)

GPO Box B61, Perth WA 6838  
Telephone: (08) 6551 7600

Or contact the State Ombudsman who can approve an independent investigation.



Government of Western Australia  
North Metropolitan Health Service



# Our commitment to you...

# Your comments are appreciated

[www.breastscreen.health.wa.gov.au](http://www.breastscreen.health.wa.gov.au)

# 13 20 50

BreastScreen WA aims to deliver an effective, friendly, professional service of high standard.

We will treat you with respect, dignity and care and we acknowledge your cultural and individual needs.

To help us do this, we value your comments on the service you received today.

1. What could we have done better?

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2. What did we do well?

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3. Do you have any other comments or suggestions?

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**Thank you**

**Do you require a formal response to your feedback?**

**No**

**Yes, please complete your details below**

*All your personal details will remain confidential.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Clinic: \_\_\_\_\_