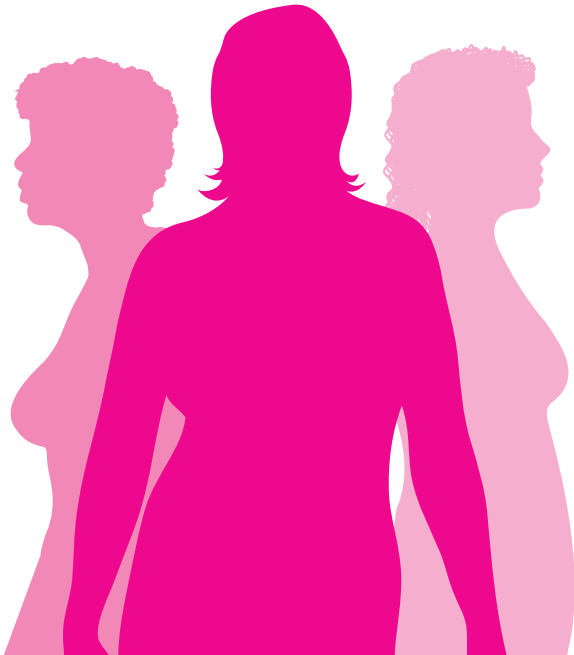


Information collected through compliments and complaints is used for the improvement of the BreastScreen WA service.



BreastScreen WA

Telephone (08) 9323 6700 Facsimile (08) 9323 6799

Bookings 13 20 50

National Relay Service www.relayservice.gov.au

Translating Interpreting Service (TIS) 13 14 50

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
- visit www.breastscreen.health.wa.gov.au and "send us a message" - see bottom of the 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.

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Government of Western Australia
North Metropolitan Health Service



Our commitment to you...

Your comments are appreciated

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?

2. What did we do well?

3. Do you have any other comments or suggestions?

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: _____