

Ways to give feedback

If you have a concern, please speak to a staff member or the manager/coordinator of the ward or area. If you are still concerned, please complete this form or use one of the other ways to give feedback.

Send an email to
WNHSCLS@health.wa.gov.au

Complete this form and either:

- **Place** it in one of the feedback boxes located around the hospital
- **Give** it to a staff member
- **Email** it to WNHSCLS@health.wa.gov.au
- **Post** it to:
Consumer Liaison Service
Women and Newborn Health Service
PO Box 134
Subiaco WA 6904

Call (08) 6458 1444

Visit the Consumer Liaison Service
Monday to Friday 8am–4pm
First floor, A Block, KEMH

Visit our websites
kemh.health.wa.gov.au
oph.health.wa.gov.au



WNHS



OPH

If you require further information, please contact the Consumer Liaison Service:

Call (08) 6458 1444
Email WNHSCLS@health.wa.gov.au
First floor, A Block, KEMH
Monday to Friday 8am–4pm

Using hearing or speech services
TTY or modem users: call 133 677
and quote (08) 6458 1444
SMS relay: 0423 677 767



Information about interpreter services including Auslan is available from the language services coordinator on (08) 6458 2802 (Tuesday to Thursday 8.30am to 4.30pm). Interpreter support for patients can be provided by contacting Translating and Interpreting Service (TIS) on 131 450.

This document can be made available in alternative formats on request.

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Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service



Feedback form

Please tell us about your experience - we value your feedback



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What would you like to do?

- Give a compliment
- Make a comment or suggestion
- Make a complaint

Your details

(you can remain anonymous if you wish)

Name _____

Contact number _____

Email _____

Address _____

Do you need an interpreter?

- Yes. Which language?

Please tick one of the below. I am a:

- Patient Visitor Family member/carer
- Other: _____

Patient details

Name _____

Hospital Unit Number (UMRN) or date of birth _____

Your feedback

We would like to hear about your experience. Please tell us what happened with as much detail as possible, including when this happened, where this happened and who was involved.

Date/time

Where (ward/department/hospital)

- King Edward Memorial Hospital
- Osborne Park Hospital
Women and Newborn Service
(maternity, gynaecology and neonates)
- Other service location

What happened?

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



The information you provide will be treated confidentially

