Title:	Feedback / Complaints				
Section:	Governance	PRH:	Chief Executive Officer	F.MGMT.004	ALEXANDRA DISTRICT HEALTH

Alexandra District Health (ADH) welcomes your feedback regarding our services. Your feedback helps us improve the service we provide to our consumers and to know whether we have met your expectations.

This form can be used anonymously, however if you would like to receive a reply, please include your details. Please forward completed form to:

Mail: Alexandra District Health

PO Box 21

Alexandra Vic 3714

In person: Alexandra District Health

12 Cooper Street Alexandra Vic 3714

Email: alexandra@adh.org.au Fax: (03) 5772 1094

Date:	□ Compliment	□ Con	nplaint	□ Suggestion
Details:				
Your suggestions for improvement:				
_				
Nama:				
Name:Address:			Posto	code
Telephone:				
Email:				
Please indicate if you would like to rece		Yes □		
If yes, indicate preferred method of rep	ly l	Letter □	Phone 🗆	Email □
Alexandra District Hea			•	

Any problem is usually best solved at the point of service within Alexandra District Health. However, if you are not satisfied with the response to your complaint or you wish to take your concerns further, please contact the Health Complaints Commissioner for Inpatients and Urgent Care patients:

Call 1300 582 113 or visit hcc.vic.gov.au and fill out an online form

Send a letter: Health Complaints Commissioner, Level 26, 570 Bourke Street Melbourne VIC 3000.

The Aged Care Complaints Commissioner for community services:

Call 1800 550 552 or visit agedcarecomplaints.gov.au

Send a letter: Aged Care Complaints Commissioner, GPO Box 9848, Melbourne, 3001

Deaf, hearing difficulties or speech impaired? relayservice.gov.au Need an interpreter? TIS National: 131 450

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