

Unhappy with our response?

If you believe your complaint was not properly addressed, or if you feel your suggestion, concern or complaint was not well managed please contact:

Consumer Feedback Manager
Eyre & Far North Local Health Network
PO Box 630
Port Lincoln SA 5006
Telephone: 0401 772141
Email: Health.EFNConsumerFeedback@sa.gov.au
(Please mark attention to the Consumer Feedback Manager)

The Health and Community Services Complaints Commissioner (HCSCC)
Telephone: 08 8226 8666
Country Callers SA: 1800 232 007
www.hcsc.sa.gov.au

Aged Care Quality and Safety Commission
GPO Box 9819,
ADELAIDE SA 5000
1800 951 822
www.agedcarequality.gov.au

NDIS Quality and Safeguards Commission
1800 035 544 (free call from landlines)
TTY 133 677
www.ndiscommission.gov.au/about/complaints

NDIS Advocacy services
disabilityadvocacyfinder.dss.gov.au/disability/ndap/

✂ REMOVE AND KEEP THIS SECTION FOR USEFUL CONTACT DETAILS

Privacy

Everyone who works and volunteers for Regional Local Health Networks must keep information private under federal law. Staff and volunteers must also follow the SA Health Privacy Policy Directive.

You can find the Policy Directive (2017) at www.sahealth.sa.gov.au and search for SA Health Privacy Policy Directive.

For this information in languages other than English, call the Interpreting and Translating Centre on 1800 280 203 and ask them to call The SA Department for Health and Wellbeing. This service is available at no cost to you.

For more information

Eyre and Far North Local Health Network
Consumer Feedback Manager
PO Box 630, Port Lincoln SA 5606
Telephone: 0401 772 141
Email: Health.EFNConsumerFeedback@sa.gov.au
(Please mark attention Consumer Feedback Manager)
sahealth.sa.gov.au/eyreandfarnorthlhn
f Follow us at: facebook.com/EFNLHN



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Local Health Network



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We value your feedback



Health
Eyre and Far North
Local Health Network

What feedback do you have?

Please tick:

- a compliment a suggestion
- a complaint

What health facility or service did you visit?

Name of health facility or service:

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Date of service/admission:

Details of your experience:

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Please attach any further information you have about your experience.

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

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Would you like a response to your feedback?

- Yes No

If yes, please provide preferred method of contact:

- Telephone Email Letter Other

Name:

Address:

.....

Telephone number:

Email:

Today's date:

*Demographics: The following information is **optional**:*

Do you require an interpreter? Yes No

Language:

Are you Aboriginal or Torres Strait Islander? Yes No

Aged care Yes No / DVA Yes No

Mental Health Yes No / NDIS Yes No

What do I do with this form?

- Give the completed form to a staff member OR
- Place it in the collection box at your local health facility OR
- Send it to the Eyre and Far North Local Health Network Consumer Feedback Manager via post: PO Box 630, Port Lincoln, SA 5606 OR email: Health.EFNConsumerFeedback@sa.gov.au

When will I hear from you?

If you have provided us with your contact details, you should hear from us within two working days of us receiving your feedback. If you have not heard from us, please contact the Eyre and Far North Local Health Network Consumer Feedback Manager on 0401 772 141.

Thank you

Thank you for your feedback. Compliments, complaints and suggestions from patients, consumers, families, carers and the community help us to continue to provide safe, high quality health care.

~~X~~ REMOVE AND KEEP THIS SECTION FOR USEFUL CONTACT DETAILS