



# Consumer Feedback



## How to tell us what's happening for you

### Talk to someone now

Talk to the staff who are caring for you or ask to speak to the person in charge

Contact Patient Experience  
RPBG.feedback@health.wa.gov.au  
(08) 9224 1637  
Mon - Fri, 8am - 4pm

### Share your story

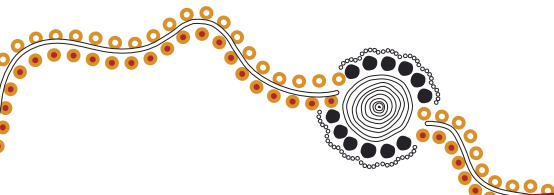
Complete a survey which will be offered by staff, or request a feedback form

Tell your story anonymously at  
[www.careopinion.org.au](http://www.careopinion.org.au)

### Help us help you

Ask staff if you need help with language, interpreting or accessibility

Become a  
Consumer Representative or Volunteer  
RPBG.feedback@health.wa.gov.au



SCAN ME





**Please tell us who made a difference in your care, what went well for you, or share other comments or suggestions you may have.**

Patient Full Name: \_\_\_\_\_

Your name (if you are not the patient): \_\_\_\_\_

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

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

Date of birth: \_\_\_\_\_ Date of feedback submission: \_\_\_\_\_

I would like to be contacted by a member of the Patient Experience Team about my feedback.

**What went well and/or what could be improved:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

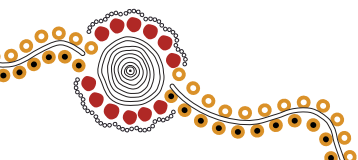
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please scan or take a photo of this form to email to: [RPBG.feedback@health.wa.gov.au](mailto:RPBG.feedback@health.wa.gov.au) or give to one of the staff members to forward to us directly.



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