



**Midland  
Women's  
Health  
Care  
Place Inc.**

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Midland WA 6056  
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## **QUALITY OF SERVICE DELIVERY**

### COMPLAINT FORM - CONFIDENTIAL

Service users, carers, relatives of service users and interested parties have a fundamental right to voice suggestions or complaints about our service and it is the responsibility of staff to report any complaints to management, and for them to respond appropriately and constructively to this input. We welcome your feedback at any time, which will be treated with strict confidentiality.

Have you experienced any difficulty with the services you have or have not received?

Date of Incident: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for difficulty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to happen now?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would you like to contact you about this matter?:

- General Manager
- Assistant Manager
- Chairperson

If you want us to contact you please provide your contact details:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By email: (your email address): \_\_\_\_\_

(Or in writing): Your address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode \_\_\_\_\_

**ALL OF THIS REMAINS CONFIDENTIAL**

**Working with Women & Children of the Eastern Region**

City of Swan • Shire of Mundaring • Town of Bassendean • Shire of Kalamunda • City of Bayswater