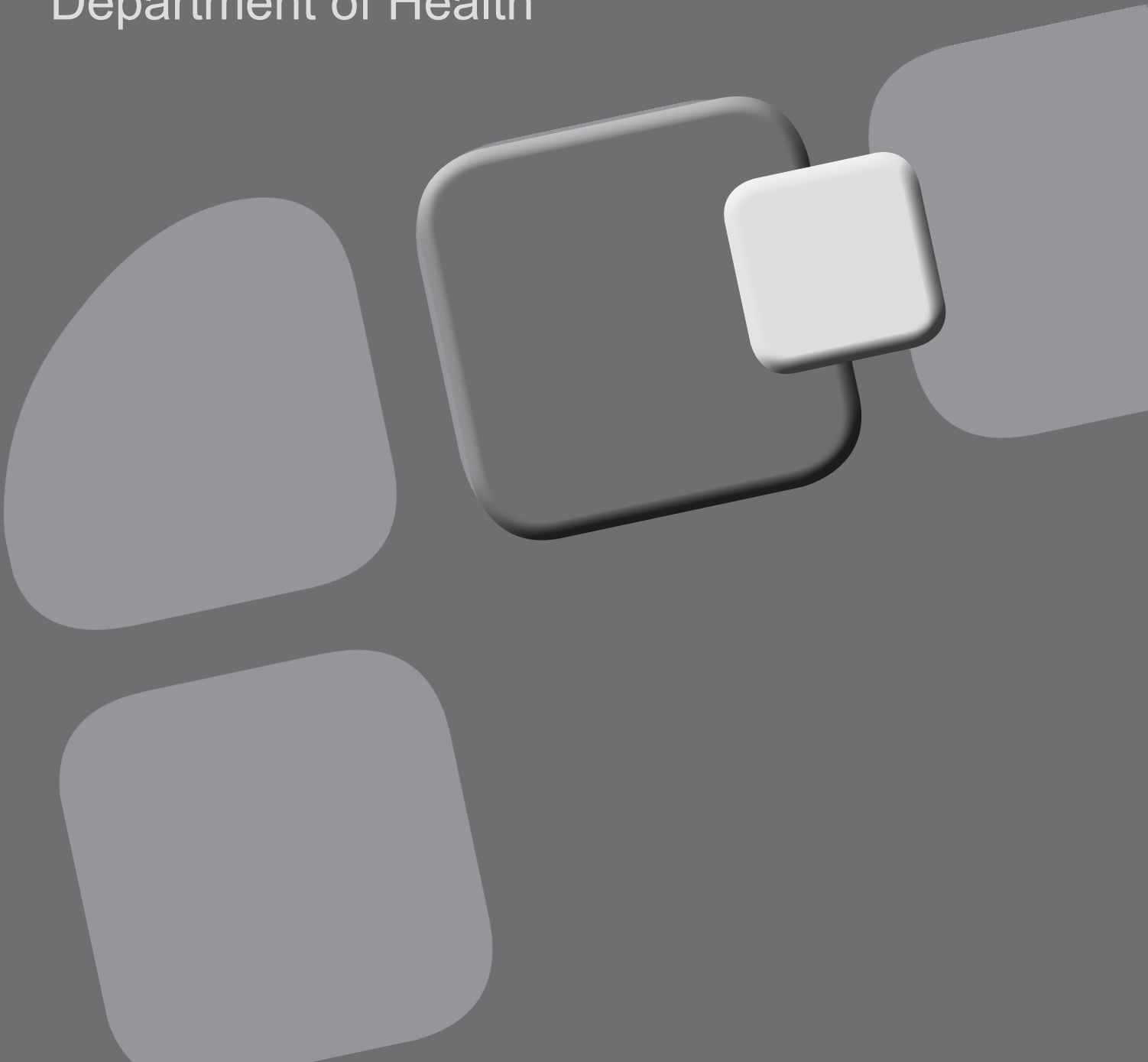




Government of **Western Australia**  
Department of **Health**

# Western Australian Health Complaint Management **Toolkit 2009**

Department of Health



## **Western Australian Health Complaint Management Toolkit 2009**

Office of Safety and Quality in Healthcare  
Innovation and Health System Reform  
Department of Health WA  
189 Royal Street, East Perth WA 6004

Tel: (08) 9222 4080

Fax: (08) 9222 2032

Email: [safetyandquality@health.wa.gov.au](mailto:safetyandquality@health.wa.gov.au)

Website: [www.safetyandquality.health.wa.gov.au](http://www.safetyandquality.health.wa.gov.au)

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**Note:** The Western Australian Health Complaint Management Toolkit 2009 is to be used in conjunction with the *Western Australian Health Complaint Management Policy 2009* available at: [www.safetyandquality.health.wa.gov.au](http://www.safetyandquality.health.wa.gov.au)

## A. Complaint Management – Suggested Reporting Fields

Complainant/ contact details	Consumer details	Provider information
<b>1</b> Name	<b>1</b> Name	<b>1</b> Name of hospital/health service
<b>2</b> Address and postcode	<b>2</b> Address and postcode	<b>2</b> Category of incident
<b>3</b> Phone number Phone 1 Phone 2	<b>3</b> Phone number Phone 1 Phone 2	<b>3</b> How was complaint made? – via telephone – in writing – in person
<b>4</b> Fax number	<b>4</b> Fax number	<b>4</b> Staff involved
<b>5</b> Email address	<b>5</b> Email address	<b>5</b> Summary of complaint
<b>6</b> Relationship to consumer	<b>6</b> Date of birth	<b>6</b> Severity of risk
<b>7</b> Gender	<b>7</b> Age	<b>7</b> Initial risk assessment score
<b>8</b> Language other than English	<b>8</b> Gender	<b>8</b> Final risk assessment score
<b>9</b> Interpreter required	<b>9</b> UMRN	<b>9</b> Consumer objective
<b>10</b> Interpreter used	<b>10</b> Date of complaint	<b>10</b> Action taken
	<b>11</b> Date of incident	<b>11</b> Outcome/resolution
	<b>12</b> Location of incident	
	<b>13</b> Status: – Inpatient – Involuntary – Outpatient – Community patient – Veteran – Visitor – Public – Private – Other – Not relevant	
	<b>14</b> Disability issue	

## B. Complaint Management – Statistical Return

On a **monthly** basis, hospitals/health services are required to submit the aggregate number of new complaints and complaint issues to the Office of Safety and Quality in Healthcare (OSQH) for collation and analysis. These aggregate data are then reported to the Director General for WA Health.

Hospitals/health services are required to complete a Complaint Management Reporting Spreadsheet (see Figure 1) supplied by the OSQH. This 'running' spreadsheet is submitted to the OSQH **quarterly**.

The spreadsheet reflects that each complainant may raise a number of complaint issues and that the data collection is on the basis of these complaint issues. The number of complaints lodged via Ministerial Correspondence or external agencies, such as the Office of Health Review or the Health Consumers' Council, are separated from complaints lodged directly to the hospital/health service at the bottom of the spreadsheet.

**Note:** Complaint issues derived from Ministerial Correspondence or external agencies must be included in the main part of the spreadsheet under each complaint category.

*Hospitals/health services are encouraged to contact the OSQH for assistance and instructions on completing the Complaint Management Reporting Spreadsheet.*

### Mental Health Complaints

Hospitals/health services are required to complete a separate statistical return for complaints about mental health services. The Chief Psychiatrist is required under legislation, to monitor standards of psychiatric care across the State and analyses the complaint data to assist with this responsibility.

**Figure 1 – Sample hospital/health service Complaint Management Reporting Spreadsheet.**

**Note:** This is a truncated sample containing only the first four months of the financial year. The complete version contains all 12 months and is to be submitted to OSQH quarterly.

Hospital/health service:					
Contact name and phone no.:					
Complaint Categorisation List		01/07/09 – 31/07/09	01/08/09 – 31/08/09	01/09/09 – 30/09/09	01/10/09 – 31/10/09
<b>1. Access</b>					
1.1	Delay in admission or treatment	0	0	0	0
1.2	Waiting list delay	0	0	0	0
1.3	Non-attendance	0	0	0	0
1.4	Inadequate resources/lack of service	0	0	0	0
1.5	Refusal to provide services	0	0	0	0
1.6	Failure to provide advice about transport options when necessary	0	0	0	0
1.7	Physical access/entry	0	0	0	0
1.8	Parking issues	0	0	0	0
<b>Total Access</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Complaint Categorisation List		01/07/09 – 31/07/09	01/08/09 – 31/08/09	01/09/09 – 30/09/09	01/10/09 – 31/10/09
<b>2. Communications</b>					
2.1	Inadequate information about diagnostic testing, treatment procedures and risks	0	0	0	0
2.2	Inadequate information on services available	0	0	0	0
2.3	Misinformation or failure in communication (but not 'failure to consult')	0	0	0	0
2.4	Inadequate or inaccurate records	0	0	0	0
2.5	Inadequate communication	0	0	0	0
2.6	Inappropriate verbal/non-verbal communication	0	0	0	0
2.7	Failure to listen to patient/client	0	0	0	0
<b>Total Communications</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. Decision-Making</b>					
3.1	Failure to consult patient/client	0	0	0	0
3.2	Public/private choice	0	0	0	0
3.3	Consent not informed	0	0	0	0
3.4	Consent not obtained	0	0	0	0
3.5	Consent invalid	0	0	0	0
<b>Total Decision-Making</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>4. Quality of Clinical Care</b>					
4.1	Inadequate assessment	0	0	0	0
4.2	Inadequate treatment/therapy	0	0	0	0
4.3	Poor co-ordination of treatment	0	0	0	0
4.4	Failure to provide safe environment	0	0	0	0
4.5	Pain issues	0	0	0	0
4.6	Medication issues	0	0	0	0
4.7	Post surgery complications	0	0	0	0
4.8	Post procedure complications	0	0	0	0
4.9	Inadequate infection control	0	0	0	0
4.10	Patient's test results not followed up	0	0	0	0
4.11	Discharge or transfer arrangements	0	0	0	0
4.12	Refusal to refer or assist to obtain a second opinion	0	0	0	0
<b>Total Quality of Clinical Care</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Complaint Categorisation List		01/07/09 – 31/07/09	01/08/09 – 31/08/09	01/09/09 – 30/09/09	01/10/09 – 31/10/09
<b>5. Costs</b>					
5.1	Inadequate information about costs	0	0	0	0
5.2	Unsatisfactory billing practice	0	0	0	0
5.3	Amount charged	0	0	0	0
5.4	Over-servicing	0	0	0	0
5.5	Private health insurance	0	0	0	0
5.6	Lost property	0	0	0	0
5.7	Responsibility for costs and resourcing	0	0	0	0
<b>Total Costs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. Rights, Respect and Dignity</b>					
6.1	Patient rights	0	0	0	0
6.2	Inconsiderate service/lack of courtesy	0	0	0	0
6.3	Absence of caring	0	0	0	0
6.4	Failure to ensure privacy	0	0	0	0
6.5	Breach of confidentiality	0	0	0	0
6.6	Discrimination	0	0	0	0
6.7	Failure to comply with the requirements of the <i>Mental Health Act (1996)</i>	0	0	0	0
6.8	Translating and interpreting service problems	0	0	0	0
6.9	Certificate or report problem	0	0	0	0
6.10	Barriers to accessing personal health records	0	0	0	0
<b>Total Rights, Respect and Dignity</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>7. Grievances</b>					
7.1	Response to a complaint	0	0	0	0
7.2	Reprisal following a complaint	0	0	0	0
<b>Total Grievances</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. Corporate Services</b>					
8.1	Administrative actions of a hospital/health service	0	0	0	0
8.2	Catering	0	0	0	0
8.3	Physical surroundings/environment	0	0	0	0
8.4	Security	0	0	0	0
8.5	Cleaning – inadequate provision and maintenance of a clean environment	0	0	0	0
8.6	Fraud/illegal practice of a financial nature (applied to hospital/health service)	0	0	0	0
<b>Total Corporate Services</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Complaint Categorisation List		01/07/09 – 31/07/09	01/08/09 – 31/08/09	01/09/09 – 30/09/09	01/10/09 – 31/10/09
<b>9. Professional Conduct</b>					
9.1	Inaccuracy of records	0	0	0	0
9.2	Illegal practices (e.g. abortion, sterilisation or euthanasia)	0	0	0	0
9.3	Physical or mental impairment of health professional	0	0	0	0
9.4	Sexual impropriety – behaviour that is sexually demeaning to a consumer including comments or gestures	0	0	0	0
9.5	Sexual misconduct	0	0	0	0
9.6	Aggression/assault	0	0	0	0
9.7	Unprofessional behaviour (e.g. loud noisy language, swearing, inappropriate comments or gestures)	0	0	0	0
<b>Total Professional Conduct</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>10. Carers Charter</b>					
10.1	Failure to consider the needs of carer	0	0	0	0
10.2	Failure to consult carer	0	0	0	0
10.3	Failure to treat carer with respect and dignity	0	0	0	0
10.4	Unsatisfactory complaint handling – failure to address the carer's complaint	0	0	0	0
<b>Total Carers Charter</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand total complaint issues for month</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total number of new complaints to health service</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total number of complaints carried over from previous month</b>					
Final response within 30 working days					
Final response later than 30 working days					
Number of complaints awaiting final response					
Number of complaints referred to appropriate agency					
<b>Total number of new complaints via ministerial</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total number of new complaints via external agency</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## C. Complaint Management – Example Documentation

### Example 1: Complaints Management Record Form

Page 1 of 2

This form is available in alternative formats upon request.  
Attach any statements/additional information relevant to the investigation.

Hospital/health service:

Tick responses ✓

Complainant details		Consumer details	
Name:		Name:	
Address:		Address:	
Post code:		Post code:	
Ph (H):	Ph (W):	Ph (H):	Ph (W):
Relationship to patient/client:		UMRN:	DOB:
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Language other than English:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of complaint:	
Interpreter required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of incident:	
Language spoken:		Location of incident:	
Interpreter used:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Summary of complaint (What happened? Where did it happen? Who was involved?):</b>			
<b>What does the complainant want to happen?</b>			
<b>Action taken:</b>			
<b>Outcome:</b>			
<b>How was the complaint made:</b>			
Letter <input type="checkbox"/>	Feedback form <input type="checkbox"/>	Email <input type="checkbox"/>	Telephone <input type="checkbox"/>
Face to face <input type="checkbox"/>	Other <input type="checkbox"/>		
Who took the complaint? (print name)		Signature:	
Contact number:	Work location:	Date:	
<b>For health services – admission status:</b>			
Inpatient <input type="checkbox"/>	Public <input type="checkbox"/>	Voluntary <input type="checkbox"/>	Visitor <input type="checkbox"/>
Outpatient <input type="checkbox"/>	Private <input type="checkbox"/>	Involuntary <input type="checkbox"/>	Other <input type="checkbox"/>

Level	Category				
Level 1	No injury or increased level of care or length of stay. Consumer issues investigated, complaint acknowledged, resolved and recorded.				
Level 2	Minimal extra care required. Short term extension of services. Issue could be resolved with support.				
Level 3	Non-permanent injury requiring additional treatment. Significant discomfort or distress. Potential for legal action.				
Level 4	Permanent loss of function. Significant issues with standards, quality of care or denial of rights. Complaints with clear quality assurance implications. Threat of legal action and ministerial/professional board notification.				
Level 5	Long term or severe damage, including death. Grossly compromised care substantiated or professional misconduct. Highly probable legal action and ministerial/professional board notification.				
<b>Categories of complaint:</b>		<b>Sub-code – major category, then select from category issues list:</b>			
1. Access					
2. Communication					
3. Decision-making					
4. Quality of clinical care					
5. Costs					
6. Rights, respect and dignity					
7. Grievances					
8. Corporate services					
9. Professional conduct					
10. Carers Charter					
<b>Consumer objective:</b>			<b>Outcome/resolution for the complaint:</b>		
Register their concern			Concern registered		
Receive an explanation			Explanation provided		
Obtain and receive an apology			Apology provided		
Obtain a refund/compensation			Costs refunded		
Access to services			Service provided		
Change practice/procedure/policy			Change in practice/procedure/policy effected		
The hospital/health service accept and acknowledge its responsibility for the complaint			Compensation received The hospital/health service accepts and acknowledges its responsibility for the complaint		
<b>OFFICE USE ONLY</b>	<b>Date</b>	<b>Signature</b>		<b>Date</b>	<b>Signature</b>
Registration			Outcome entered		
Acknowledgement			Reported to Chief Executive/ Co-Director/ED		
Update sent			Reported to Chief Psychiatrist		
Final response			Patient/client referred to OHR/ external agency		
<b>Systems improvement – Process/quality improvement initiated as a result of this complaint:</b>					

## Example 2: Complaint Investigation Procedure

1. **Name of consumer/complainant** \_\_\_\_\_

2. **Complaint issues to be investigated**

Contains only 1 issue  All issues  Issue nos.

Review complaint documentation provided by Patient Liaison office relevant to issue/s being investigated together with any written documentation supplied by the complainant.

3. **Identify the information required to establish the facts** (*tick those you will need to review*)

◆ Consumer's medical record	<input type="checkbox"/>
◆ Procedure guidelines/protocol	<input type="checkbox"/>
◆ Relevant hospital/health service policy/policies	<input type="checkbox"/>
◆ Staff rosters	<input type="checkbox"/>

4. **Identify staff involved in each issue and those whom you will need to interview**

Notify staff (preferably in writing) about the complaint and issues involved. Staff should be informed of their rights in terms of having a support person present at the interview. They may want to seek supervisor/managerial, professional association or legal support depending on the gravity of the issue/s.

Before interviews prepare an outline of:

- Factual issue/s the staff member may be able to address
- Some key questions: Who? What? Where? When? Why? and How?

Explain the purpose of the interview and that you will take notes of answers given. At the end of the interview review the key points, respond to any questions and advise the interviewee of what will happen next. If a statement has been prepared this can be offered to them to sign.

5. **Assess and evaluate information and evidence**

Assess the information provided by staff involved in terms of:

- Can the version of events/information be independently verified?
- Are there inconsistencies in information provided by a staff member?
- Did the staff member have direct knowledge of the event/incident – did they see or hear it themselves? (Direct knowledge is more credible than indirect.)
- Does the staff member have a personal interest in the outcome? (Evidence is more credible if it comes from a person who does not have a personal interest in the outcome of the matter.)
- Is there sufficient information to determine whether particular standards have been met?

Above are some (but not all) ways that information may be assessed.

After considering each piece of evidence in terms of relevance and credibility – consider all relevant evidence together. While one piece of evidence alone may not appear to support the allegation this piece of evidence may appear stronger when added to other evidence. At all times the investigator must act without bias.

## 6. Identify contributing factors

For the purpose of identifying trends over time and assisting with implementing system improvement/changes. *Please **tick** the appropriate factors.*

◆ Barriers		◆ Communication	
◆ Environmental		◆ Equipment	
◆ Fatigue		◆ Inadequate level of expertise	
◆ Incompetence		◆ Inexperience	
◆ Training		◆ Rostering	
◆ Staffing		◆ Workload	
◆ Resource issues		◆ Consumer had disability issues	
◆ Consumer had impaired cognition		◆ Other significant event	
◆ Policy/procedure/protocol/ guidelines not followed			

**Return to Head of Department/Director with all documentation**

### Example 3: Investigation Checklist

Ensure that the complaint is managed consistently with principles of confidentiality and procedural fairness/natural justice.

#### Contact the complainant to:

- obtain any additional information to fully understand the complaint and clarify issues of concern
- determine any immediate issues arising from the complaint and respond to them as appropriate
- identify desired outcome
- determine if they have any supporting documentation or witnesses
- offer assistance if additional information is required and the complainant requires support (e.g. language, sight)
- provide information on the investigation process and anticipated time frames.

#### Manage the complaint:

- Register complaint and document significant actions during the investigation. Documents must be filed separately to the medical record.
- Assess the complaint and identify any handling factors:
  - Has it been previously dealt with? Or should it be dealt with under any other Department of Health process?
  - Is media attention possible? If so, should the matter be referred to a higher level in the organisation?
  - Is legal action possible? Consider referral to RiskCover, Legal and Legislative Services Directorate of the Department of Health or State Solicitors Office.
- Are there any immediate safety issues that need to be addressed?
- Assign a suitable investigator. Does the investigator have sufficient experience and/or qualifications? Does the investigator have any conflicts of interest?
- Analyse the complaint. Identify issues, and the likely relevant parties and sources of information including policies and guidelines.
- Develop a strategy and framework to guide the investigation.
- Gather hard copy and electronic information – interviews, reports, medical records, policies and guidelines or other relevant documentation.
- Prepare for and then conduct interviews with involved persons.
- Assess the accumulated information. Identify gaps, inconsistencies or ambiguities in the information. Consult clinical/professional adviser as required.
- Seek corroborative evidence if conflicts arise in information obtained.
- If systemic issues identified utilise systemic investigative methodologies (e.g. root cause analysis).
- Ensure requirements of procedural fairness are met. Was the respondent given sufficient details of the complaint? Was the respondent given an opportunity to respond to the complaint? Was the respondent informed of any adverse proposed actions and the grounds for these? Were submissions made by the respondent duly considered?

- Generate and explore options for resolution, consistent with complainant's desired outcomes (if possible) and consistent with organisational objectives/policies where appropriate.
- Prepare an investigation report noting information obtained and recommendations for any corrective action.
- Advise relevant parties of outcome.

## Example 4: Acknowledgement Letters to Consumer

### Sample 1

[Insert name and address]

Dear [Insert Mr/Mrs/Ms/Dr Surname]

Thank you for your letter dated [insert date] concerning [insert summary of letter].

The [insert appropriate department] will investigate the matter/s you have raised and the information provided will be reviewed by the [insert title of relevant person]. All information related to the investigation of your concerns will be treated in a confidential manner and accessed only by staff directly involved in the investigation.

Once the relevant information has been gathered and reviewed [insert name of contact person] will contact you and let you know the outcome.

In accordance with Australian standards for complaint management, this process should be completed within 30 working days. If there are any delays, you will be contacted and informed of the progress.

We are always striving to improve our services at [insert name of hospital/health service], so thank you for bringing this matter to our attention. Please do not hesitate to contact us on the number listed below if you have any further queries.

Yours sincerely

[Insert name]

[Insert hospital/health service title]

[Insert contact phone number]

[Insert date]

## Sample 2

[Insert name and address]

Dear [Name]

In response to [our telephone conversation on [insert date]/your letter dated [insert date], I would like to acknowledge receipt of your complaint. It is important that we get feedback about our service so I appreciate the fact that you took the time and effort to let me know about your experience.

On behalf of [insert hospital/health service name] I would like to apologise that you experienced [insert details of complaint and date of incident] at [insert details of where incident occurred].

Your complaint has been addressed by [insert details of actions taken].

Please feel free to contact me [insert contact details] at any time if you wish to discuss this or any other matter further. Thank you again for the comments regarding your experience as we rely on feedback such as yours to improve on the service we provide.

Yours sincerely,

[Insert name]

[Insert hospital/health service title]

[Insert date]

## Example 5: Consumer/Evaluation Survey Form

You have recently used our complaints process. In order to improve our service we would appreciate your feedback about the **complaint process** at this hospital/health service. **You are under no obligation to complete this survey.**

Please ✓ or circle your response

Q1. My complaint was taken seriously.				
<b>1</b> Very seriously	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Not seriously

Q2. I was treated with respect.				
<b>1</b> Very respectfully	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Very disrespectfully

Q3. I was satisfied with the information given.				
<b>1</b> Very satisfied	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Very dissatisfied

**Q4.** Were you given the name and phone number of a person to contact for information?

Yes

No

**Q5.** Did you need additional assistance in making your complaint (e.g. interpreter, written assistance)?

Yes

No

**Q6.** If yes, were you satisfied with the assistance given?

Yes

No

Comments:

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**Q7.** My complaint was treated in a confidential manner.

Yes

No

**Q8.** I was kept informed of the progress of my complaint.

Yes

No

**Q9.** I did not suffer any negative impact from making a complaint.

Yes

No

**Q10.** I achieved what I expected by raising my concern.

Yes

No

Do you have any suggestions/comments that would help us improve the way we deal with concerns raised by our health care consumers?

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**Thank you for your time and cooperation.**

**Please return form in ENCLOSED PREPAID ENVELOPE.**

## Example 6: Consumer Satisfaction Survey

You have recently used our complaint process. In order to improve our service we would appreciate your feedback about the **complaint process** at this hospital/health service. **You are under no obligation to complete this survey.**

**Please note:** There is no need to identify yourself and there is no marker on this form that identifies you to us – we are interested only in using this feedback to improve the quality of the service we provide.

Please **circle the number** or **circle/tick the box** as indicated in the following 10 questions and then return the form to us in the pre-paid envelope provided.

### QUESTIONS ABOUT THE COMPLAINT PROCESS

**Q1.** Please **tick** relevant boxes

(a) I saw the following posters and brochures displayed:

Complaints poster	<input type="checkbox"/>	Patients Rights poster	<input type="checkbox"/>
Brochure on how to lodge a complaint	<input type="checkbox"/>	Public Patients Hospital Charter	<input type="checkbox"/>

(b) I was made aware of the complaint process by:

a hospital/health service staff member	Yes <input type="checkbox"/>	No <input type="checkbox"/>
reading the Patient First Booklet	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Q2.** My complaint (or letter) was taken seriously by hospital/health service staff.

Please **tick** a box Yes  No

**Q3.** Hospital/health service staff explained (verbally or in writing) how my complaint would be dealt with.

Please **tick/circle** a number

1	2	3	4	5
<b>Very clearly explained</b>				<b>Not clearly explained</b>

**Q4.** Hospital/health service staff checked with me that they had understood the critical points of my complaint.

Please **tick** a box Yes  No  Did not need to

**Q5.** I was kept informed about the progress of my complaint.

Please **tick** a box Yes  No

Please **circle/tick** a number for the questions below

<b>Q6.</b> I was satisfied with the response I received to my complaint.				
1	2	3	4	5
<b>Very satisfied</b>			<b>Totally dissatisfied</b>	

<b>Q7.</b> I was satisfied with the time taken to investigate my complaint and provide me with a response.				
1	2	3	4	5
<b>Very satisfied</b>			<b>Totally dissatisfied</b>	

<b>Q8.</b> I achieved what I expected by raising my complaint.				
1	2	3	4	5
<b>Strongly agree</b>			<b>Strongly disagree</b>	

<b>Q9.</b> I did not suffer any negative consequences as a result of making a complaint.				
1	2	3	4	5
<b>Strongly agree</b>			<b>Strongly disagree</b>	

<b>Q10.</b> I would have no hesitation in lodging a further complaint if the need arises.				
1	2	3	4	5
<b>Strongly agree</b>			<b>Strongly disagree</b>	

Do you have any suggestions or comments that would help us to improve the way we deal with concerns raised by our patients/clients and their carers?

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**Thank you for your time and cooperation.**

**Please return form in ENCLOSED PREPAID ENVELOPE.**

# Delivering a **Healthy WA**

