

WALGETT ABORIGINAL MEDICAL SERVICE LIMITED



ACN: 605 822 339 ABN: 78 014 990451 37 Pitt Street (PO Box 396), Walgett NSW 2832 Tel: 02 6820-3777 Fax: 02 6828-1201 www.walgettams.com.au

FEEDBACK FORM

Your feedback is important to us and will assist us with making improvements to our service delivery and processes.

PERSONAL INFORMATION		
FULL NAME		
STREET ADDRESS		
POSTAL ADDRESS		
EMAIL ADDRESS	CONTACT NUMBER:	
Vou are completing this form on		
You are completing this form as:		
□Client □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
□Community Member		
□WAMS Member		
□Other		
Your feedback is:		
□General Feedback		
□Complaint		
□Compliment		
□Suggestion		
Does your feedback refer to a specific service?		
□Administration or Finance		
□Dental		
□Goonimoo Childrens Service		
□GP Clinic		
□Wellness Centre		
□Other		
Please provide the details of your feedback.		

"For the Community, By the Community", since 1986 Health is Life is Health

FUNDED BY: FEDERAL DEPT OF SOCIAL SERVICES - NATIONAL INDIGENOUS AUSTRALIANS AGENCY WESTERN PRIMARY HEALTH NETWORK - NSW HEALTH - RURAL DOCTORS NETWORK









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What improvements could we make, based on your feedback.		
Signaturo	Data	

All complaints must be submitted in writing. Where reasonable, the preliminary assessment should be conducted within 20 working days of lodging the complaint, and a written statement of the outcome of the preliminary assessment will then be provided. If further investigation is required, this should be conducted within 30 days of the preliminary assessment, for conclusion of the investigation. If there are delays in the timeframes above, WAMS will advise all parties of the reasons for the delay.

Please submit your completed form to: The Chief Executive Officer Walgett Aboriginal Medical Service Ltd 37 Pitt Street, (PO Box 396) Walgett NSW 2832

Email: ContactUs@walgettams.com.au

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