Privacy

To make sure you receive the high standard of care that Pika Wiya Health Service Aboriginal Corporation are committed to providing, we are often required to gather and keep sensitive and private information about you.

Everyone who works for Pika Wiya Health Service Aboriginal Corporation must keep your information private under Federal Law. Staff and Volunteers must follow the PWHSAC Organisational Values and Code of Ethics.

What do I do with this form?

Hand your form in to the Corporate Services Manager, place it in the Consumer Feedback Box in the waiting room or Post it to the address below.

When will you hear from us?

You should hear from us within two(2) working days of receipt.

If not, please contact:

Corporate Services Manager
Pika Wiya Health Service Aboriginal
Corporation
PO Box 2021
Port Augusta SA 5700

P: 08 8642 9991 F: 08 8642 6621

Unhappy with our response?

If you believe you were not treated appropriately or if you feel your suggestion, concern, or complaint was not well managed please contact:

The Board of Directors
Pika Wiya Health Service Aboriginal
Corporation
PO Box 2021
Port Augusta SA 5700

Or

The Health and Community Services
Complaints Commissioner
Monday - Thursday, 10am - 4pm
P: 08 8226 8666
Country Callers SA: 1800 232 007
www.hcscc.sa.gov.au



PIKA WIYA HEALTH SERVICE ABORIGINAL



Striving to improve social, emotional, spiritual and physical well being of all Aboriginal people

Consumer Feedback Form

40-46 Dartmouth Street,
Post Office Box 2021
PORT AUGUSTA. S.A. 5700
Administration
Phone Number: 08 8642 9991
Fax Number: 08 8642 6621

Open 8.30am—5.00pm Monday to Friday

www.pikawiya.com

We want to hear from you!

Pika Wiya Health Service Aboriginal Corporation is committed to work with individuals and community groups to provide a safe, high standard of care for all clients. Your feedback assists us to understand your needs and informs us how to improve our services.

Feedback is very important so if you have a compliment, a concern, a complaint or a suggestion about our service, we invite you to discuss it with the Corporate Services Manager.

However if you are unhappy with the response or don't feel comfortable talking with the Corporate Services Manager, you can fill out this brochure.

Our Staff can assist you in filling out this brochure.

If you would like to speak to the Corporate Services Manager, please contact:

Pika Wiya Health Service Aboriginal Corporation - Administration 40-46 Dartmouth St (PO Box 2021) Port Augusta SA 5700

> P: 08 8642 9991 F: 08 8642 6621

What do you want to tell us?

Please Circle:	
Compliment Concern	Suggestion Complaint
Date:	
Details:	
Please attach any furthis brochure when	rther information to submitting.
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What would you like to see happen?

Do you wish to receive notification of
action taken as a result of your
comments? ☐ Yes ☐ No
Preferred Method of Contact:
☐ Phone ☐ E-mail ☐ Letter
Other
Name:
Address:
Contact Ph #:
E-mail:
L-111a11
Do you require an interpreter:
☐ Yes ☐No
Preferred Language:
Are you hearing impaired: ☐ Yes ☐ No
Do you give consent for your case to be discussed with a 3rd party: ☐ Yes ☐ No