

## Help in your language



We can arrange interpreters to help people who speak little or no English or whose first language is Auslan (Australian Sign Language). This service is free.

Please talk to your service provider if you need help.

## Confidentiality

You have the right to expect that the information you share with us will be kept confidential.

## Let us know what you think

Listening to your feedback helps us improve our services. If you want to give a compliment, complaint or suggestion, please:

- Fill in a **Consumer Feedback form** (available at all reception areas)
- Send us an email [hello@glch.org.au](mailto:hello@glch.org.au)
- Fill in our online feedback form at [glch.org.au/get-involved/feedback/](https://glch.org.au/get-involved/feedback/)
- Talk to one of our staff.

If you are unhappy with how your feedback has been dealt with, you can contact the Health Services Commissioner.

Telephone **1300 582 113** or visit [hcc.vic.gov.au](https://hcc.vic.gov.au)



We acknowledge the traditional owners and custodians of the lands and waters where we work and live. We celebrate the diversity of Aboriginal and Torres Strait Islander people, their continuing culture and enduring connection to country, and pay respect to Elders past and present..

Everyone is welcome at GLCH. We are committed to including all people, embracing diversity and eliminating all forms of discrimination.



f @ in Dec 2022

# Tell us what you think



Fill in this form



[hello@glch.org.au](mailto:hello@glch.org.au)



[glch.org.au](https://glch.org.au)



5155 8300 and talk to our consumer feedback coordinator

scan me



**I have a**



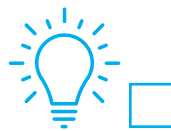
Compliment



Concern



Complaint



Suggestion

**It is about:**

---

---

---

---

---

---

---

---

**Date of feedback** \_\_\_\_/\_\_\_\_/\_\_\_\_

**What would you like to happen?**

---

---

---

**Thank you. Would you like to know what we have done in response?**

☐ Yes ☐ No

**If yes, how do we contact you?**

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Do you identify as any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Aged              | <input type="checkbox"/> Aboriginal or Torres Strait Islander |
| <input type="checkbox"/> Child             | <input type="checkbox"/> Cultural and Linguistically Diverse  |
| <input type="checkbox"/> Disability (NDIS) | <input type="checkbox"/> Victim of Crime                      |
| <input type="checkbox"/> LGBTIQ+           | <input type="checkbox"/> None of these                        |

**Do you need help with this form?**

A staff member can help you.

**What do I do with this form?**

Hand it to a staff member or post it to:

**Consumer Feedback Coordinator**  
Gippsland Lakes Complete Health  
PO Box 429  
Lakes Entrance VIC 3909

**When will you hear from us?**

You should hear from us in five working days. If not, please phone the Consumer Feedback Coordinator on 5155 8300.