

Health Services at Ashley Youth Detention Centre

We want to hear from you as someone receiving healthcare, or as a parent or guardian, who wants to give feedback about our services.

Here are the options for you to have your say:

1. Speak with health staff. They will assist you to resolve your concern or help you with the next step.
2. Fill in this feedback form and send to Consumer Liaison Unit via mail. Please ensure you provide your contact details if you would like a response.
3. Parents or guardians may wish to contact the Consumer Liaison Unit directly by phoning 03 6166 8154.

If you are not satisfied with the response after following the steps above then you may wish to contact:

Health Complaints Commissioner

GPO Box 960
Hobart TAS 7001
1800 001 170

health.complaints@ombudsman.tas.gov.au

Contact details for feedback:
**Tasmanian Health Service
Consumer Liaison Unit
GPO Box 1061
Hobart TAS 7001**
Phone 03 6166 8154

www.dhhs.tas.gov.au



Tasmanian Health Service Buildings are smoke-free sites.

Statewide Mental Health Service welcomes feedback from clients, carers and family members to help us improve care. Talk to one of our team or fill in a consumer feedback form.



The Tasmanian Health Service integrates acute, primary and community services. This integration has given service providers the flexibility to ensure people have the best services we can provide, as close as possible to where they live.

Statewide Mental Health Services deliver consumer centred services focused on improving health outcomes. Our services include inpatient facilities and community teams.



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Have Your Say

Fill in this form to have your say
Your feedback will help us
improve our service

Ashley Youth Detention Centre Health Service Feedback Form



TASMANIAN
HEALTH
SERVICE



Ashley Youth Detention Centre Health Services

Date: ___/___/___

Please tell us what type of feedback you are providing by ticking one of these boxes:

- Suggestion Compliment Complaint
Have an idea to improve our service? Happy with our care? Not happy with our care?

I am filling in on behalf of someone else. My name is _____

(Please fill in the name and date of birth of the person receiving healthcare on the right panel).

Your Feedback

Tell us about your suggestion, complaint or compliment.

What happened? When did this happen? Who was involved?

 If you require additional space please attach another page.

What would you like to happen?

Thank you - your feedback will help us to improve our service.

Would you like a response?

- Yes No

Details of person involved:

First Name: _____

Last Name: _____

Date of birth: / /

I am the parent / guardian of the above person who is receiving healthcare, my preferred contact number / address is:
