

If you would like to provide feedback you can do so by:



Speak...

directly with our staff or service manager



Scan

QR Code to provide feedback via our Online Feedback Form. Please ask a staff member if you need assistance.



Phone or email...

our Customer Experience Team on 1300 223 968 or email customerexperience@brightwatergroup.com



Fill in the form and...

- post it to us or
(our address is listed on the back)
- give it to a staff member or
- put it in your site's general feedback box



Seek external assistance

There are a number of external agencies you can speak to if you would prefer *(details are listed on the back)*

Useful contacts

Brightwater Care Group

Chief Executive Officer
2A Walter Road West, Inglewood, WA 6052
T 1300 223 968
E customerexperience@brightwatergroup.com

For seniors

Advocare

The Perron Centre, Suite 4/61 Kitchener Avenue
Victoria Park, WA 6100
T 08 9479 7566 or 1800 655 566 (country)

National Aged Care Advocacy

T 1800 700 600

Aged Care Quality and Safety Commission

GPO Box 9819 (Your capital city and state)
T 1800 951 822

For people with disabilities

Oasis Lotteries House

Suite 1, 37 Hampden Road, Nedlands WA 6009
T 08 9485 8900 or 1800 193 331 (country)

Health and Disability Services Complaints Office

GPO Box B61, Perth WA 6838
T 08 6551 7600 or 1800 813 583 (country)
TTY 08 6551 7630

Translating and Interpreting Service TIS National

T 131 450



Compliments,
complaints and
general feedback

Your feedback

Brightwater appreciates feedback from our clients as well as their relatives and friends.

Whether positive or negative, your comments are a valuable tool to help us continue providing the best quality services.



1. Please select the service your feedback relates to:

- At Home
 Disability
 Residential
 Retirement

2. Which site does your feedback relate to?

3. What type of feedback would you like to provide?



- Complaint
 General Feedback
 Compliment

4. What does your feedback relate to?

- Cleaning
 Communication
 Food
 Laundry
 Lifestyle
 Personal/Clinical Care
 Staff
 Other

5. Please tell us more about what you would like to discuss.

6. What best describes your relationship with Brightwater?

- Resident/Client
 Family Member/Carer
 Staff Member on behalf of Resident/Client
 Other

7. Would you like your feedback to remain anonymous?

- Yes
 No

8. If no, please tell us your full name.

9. Is your feedback related to a client/resident of Brightwater?

- Yes
 No

10. Please provide the client/resident's name.

11. Would you like someone to follow up with you about your feedback?

- Yes
 No

12. What is your preferred method of contact?

- Phone
 Email
 In Person (Residents Only)

13. Contact Information:

