

How to share your feedback



Write to us

Complete this form and drop it into a feedback box at one of our collection centres or mail to:

*PathWest Client Liaison Department
Locked Bag 2009
Nedlands WA 6909*



Go online

Scan the QR code to complete the online form or email feedback.pathwest@health.wa.gov.au

You can also share your story confidentially and anonymously via the independent website careopinion.org.au



In-person or telephone

Speak to the staff member you are dealing with or ask to speak to a supervisor.

You can also call 13 PATH (7284) and speak to our customer service team.



What happens to your feedback?

Your feedback is important and handled confidentially. Your compliment is passed on to the relevant team members, and if you have made a suggestion, it is considered, and where possible, improvements are introduced.

All complaints are handled according to the Government of Western Australia Department of Health policy and standards.

If you have made a complaint, our aim is to:

- Acknowledge your feedback within five working days of receipt
- Assess and investigate all issues raised
- Keep you updated of the resolution process
- Provide a final response within 30 working days of receipt.



Share your feedback

You can share your experience with us in less than five minutes.

PathWest is committed to providing exceptional pathology healthcare and collection services. Your feedback is essential to help us improve our services.



About you

Please tell us about your experience at PathWest in a way that suits you, but more detail helps us respond more effectively. You can also provide feedback anonymously, but if you would like a follow-up, please include your contact details.

What type of feedback are you providing?

- A suggestion, comment or concern
- A compliment
- A complaint

I am providing this feedback for:

- Myself
- On behalf of someone else*
*If responding on behalf of someone else, PathWest will reach out to check permission has been granted, so please provide their contact details.

Would you/they like to be contacted about this feedback?

- Yes
- No

Name:

Contact details: Email preferred so we can provide a written response

Email:

Other:

Your comments

Where did this incident or interaction occur?

When did this incident or interaction occur?

Please provide a brief summary of the incident or interaction, or any general comments you would like to share:

What would you like to see happen from here?