



## DO YOU NEED MORE ASSISTANCE?

If you would like help or support in bringing your concerns to us you can also contact these people:

### Consumer Engagement Manager

P 06 878 1373  
Fax 06 878 1660

### Māori Health Services

P 06 878 8109 ext 5779  
Mihiroa Whare, HBDHB, Omahu Rd, Hastings

### Nationwide Health & Disability Advocacy Service\*

P 06 835 1640 or 0800 555 050  
PO Box 819, Napier 4140

### Health and Disability Commissioner\*

P 0800 11 22 33 PO Box 1791, Auckland

### Privacy Commissioner\*

P 0800 803 909 PO Box 466, Auckland  
(For complaints regarding health info)

\*These services are independent of the Hawke's Bay District Health Board, confidential and free.

### For further general information

call HBDHB on 06 878 8109

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HAWKE'S BAY DISTRICT HEALTH BOARD (HBDHB)

FREEPOST AUTHORITY 496



Consumer Engagement  
Hawke's Bay District Health Board  
Private Bag 9014  
Hastings 4156

↑ Please tape or glue here to seal ↑



Free



## YOUR STORY

## WE VALUE YOUR FEEDBACK

He tino taonga ō whakaaro ki a mātou



# HELP US TO IMPROVE OUR SERVICE

**We welcome and appreciate receiving your feedback.**

To improve our service we need to hear your story. Whether compliments, comments, questions, suggestions, complaints or a mixture, your feedback is valuable. It helps us see where we are performing well and where we could improve. To place feedback you can:

### EMAIL US

**feedback@hbdhb.govt.nz** or:

### GO ONLINE

**www.hawkesbay.health.nz** or:

**PHONE 0800 000 443** or:

### FREEPOST

Complete, seal and mail this form back to us.

# THEN WHAT HAPPENS?

We will acknowledge receipt of your feedback within 5 working days. All feedback is shared with the manager of the area you are providing feedback on and is used to inform and improve.

If your feedback is a complaint, an investigation will take place. We will let you know what we have found out and this may include what we have done to make things better or what we are planning on doing to make sure things improve.

# SHARE YOUR STORY:

Please use the space provided. **Alternatively send us an email or complete our online feedback form:**

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## It's now even easier to place feedback!

Save time and the environment by emailing us or completing our online feedback form

### Email

**feedback@hawkesbaydhb.govt.nz**

### Online

**www.hawkesbay.health.nz**

**Name:**

**Status:**  patient  whānau  visitor

**Address:**

**Tel/Cell:**

**Email:**

**Date of visit:**

**Name of ward / department / service:**

**Location of service:** *(please tick)*

Hastings

Napier

Wairoa

Central Hawke's Bay

**Type of feedback:** *(please tick)*

Compliment

Complaint

Question

Suggestion

Comment