We'd like to hear from you
How can we improve our service?

What is the next step?
If you wish, we will regularly update you on how we are progressing with your feedback. Should you feel an issue or concern is not resolved to your satisfaction, you can write to the:

Chief Executive Officer
Resthaven Incorporated
PO Box 327, Unley SA 5061
Phone: (08) 8373 0211
Email: headoffice@resthaven.asn.au

We encourage you to bring your concerns or suggestions to our attention in the first instance. Alternatively, you may seek independent advice from an external advocate.

Aged Rights Advocacy Service
Phone: (08) 8232 5377 or 1800 700 600

Aged Care Quality & Safety Commission
Phone: 1800 951 822
Post: GPO Box 9819, Adelaide SA 5000
Email: Audit.Feedback@agedcarequality.gov.au

Thank you for your time and effort!
Your feedback is welcome

Resthaven is committed to providing a personalised customer experience that enables you to be highly satisfied with your interactions with Resthaven. We are genuinely interested in your feedback, to ensure that we continue to deliver high quality care and services.

You may like the way support is provided, or you may be unhappy with a particular aspect.

Your feedback is important to us and will be followed up and used to improve the services we provide.

The first step ...

You are encouraged to speak with staff in the first instance. The manager or coordinator may be able to assist if necessary.

Resthaven can arrange an interpreter, advocate or other services to further assist you if required.

Alternatively, please complete the attached response form and give it to a staff member or send it to Resthaven’s Head Office. Feel free to ask for assistance.

If you prefer, you can email us at: headoffice@resthaven.asn.au

How will we respond?

We will contact you as soon as possible to discuss your feedback, and provide you with the opportunity to engage in the resolution process, if you wish to be involved.

Please be assured that your feedback will be treated with discretion and without negative consequence to you.

We respect your privacy and will only use personal information for the primary purpose of reviewing and responding to your feedback.

Feedback Response Form

Name: ____________________________

Relationship to Resthaven: ____________________________________
(e.g. resident, client, relative, volunteer, other)

Phone (optional): __________________

Resthaven Program/Site Location: ____________________________________

Your feedback: _____________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please feel free to continue over the page