

## TALLANGATTA HEALTH SERVICE

### OUR VALUES

**Caring** to be sensitive and responsive to each other

**Honesty** To be open, trustful and trustworthy

**Integrity** to be open, confidential and accountable

**Respect** to treat each other with dignity, courtesy and as individuals



### Compliments and Complaints

If at anytime you have a concern or comment to make please do not hesitate to contact the Chief Executive Officer on 02 6071 5200 or write to

PO Box 77 Tallangatta VIC 3700

If you are not satisfied with how Tallangatta Health Service has managed your feedback please contact the Office of the Health Services Commissioner  
Toll Free on 1800 136 066



**Tallangatta Health Service is a  
smoke free facility**

### Available at Tallangatta Health Service

- Medical Centre
- Bolga Court : Residential and Respite
- Lakeview Nursing Home
- Respite Care
- Acute Hospital Care
- Home And Community Care
- District Nurse
- Occupational Therapist
- Meals on Wheels
- Women's Health
- Asthma Education
- Dietician
- Diabetes Education
- Exercise Classes, and Strength Training
- Podiatry
- Physiotherapy
- Bowen Therapy
- Activity Day Centre
- Social Worker
- School Dentist
- Red Cross Car
- Community Bus Hire
- Room Hire
- OSCH Childcare

Phone reception for more  
details 02 6071 5200

## COMMENTS

### COMPLAINTS AND COMPLIMENTS

Do you have a comment,  
compliment or complaint  
about our service?

**Please let us know**



**PO Box 77**

**25 Barree Street**

**Tallangatta**

**VIC 3700**

**Main Reception**

**Phone: 02 6071 5200**

**Fax: 02 6071 2795**

**Email: [THS@ths.vic.gov.au](mailto:THS@ths.vic.gov.au)**

**Please tick**  Comment

Compliment

Complaint

**What do you want to tell us?**

Please note, if you are making a complaint, please describe **WHAT** happened, **WHO** was involved, **WHEN** the event happened and **WHERE** it happened.

**What do you think should happen?**

We encourage you to provide contact details if making a complaint, as this will assist us to inform you of the complaint outcome.

Your name:

Address:

Telephone number:

If you would like to know more about your rights or responsibilities please let us know.

This form can be given to any of our staff or posted to:

Chief Executive Officer, Tallangatta Health Service, PO Box 77, Tallangatta, VIC 3700



**Tallangatta Health Service is a flexible and dynamic provider of services that meets the changing needs of our rural community**