



Health Complaints Trends Report 2020-21 to 2024-25

October 2025



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First Nations Acknowledgement

We acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to the Aboriginal communities of today.

The art featured on this page and throughout the Report is from 'Community, Connection and Culture' by Iesha Wyatt, a Yued Noongar artist.

The original artwork is on display in our Office.



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Summary of provider managed complaints 2020-21 to 2024-25

Complaint trends and demographics

- The 8,319 complaints received in 2024-25 represent a 10% increase from the 7,591 complaints received in 2023-24.
- Complaints are most frequently made by the consumer (as opposed to a representative).
- Complaints are more likely to concern females than males, and most likely to concern consumers aged 70 or older.
- Providers closed at least 75% of complaints within 30 days.

Complaint issues

- The most common complaint categories related to quality of clinical care, communication and access. These have remained unchanged since 2020-21, and typically account for at least 70% of all complaint issues over the past five years. Within these categories:
 - **Quality of clinical care** - 'Inadequate treatment/therapy', 'inadequate assessment' and 'medication' are the most frequently identified issues regarding quality of clinical care.
 - **Communication** - 'Misinformation or failure in communication (but not 'failure to consult')', 'failure to listen to consumer/consumer representative/carer/family' and 'inappropriate verbal/non-verbal communication' are the most frequently identified issues regarding communication.
 - **Access** - 'Delay in admission or treatment', 'inadequate resources/lack of service', and 'waiting list delay' are the most frequently identified issues regarding access.

Complaint outcomes

- The most common outcomes have remained consistent across the five years from 2020-21 to 2024-25. These were 'apology provided', 'explanation provided' and 'concern registered'.

Mental Health Complaints

- A subset of mental health complaints is collected from the public Health Service Providers (HSPs). In 2024-25, 456 complaints were received. This represents a 7% decrease from the number of complaints received in 2023-24 (492).
- The most common mental health complaint issues in 2024-25 were 'quality of clinical care', 'communication' and 'rights, respect and dignity'.

1. Introduction

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority providing an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories, covering the public, private and not-for-profit sectors, and prison health services.

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects de-identified complaints data from prescribed health service providers in Western Australia. This data is collected through HaDSCO's Health Complaints Data Collection Program, which commenced in 2009-10.

The information provided in this report provides analysis of the complaint trends observed through the Health Complaints Data Collection Program between 2020-21 and 2024-25. The information in this report can assist organisations to learn from complaints and improve service delivery to ensure patient-centred care for a sustainable health system.

Information about the methodology used to prepare this report is provided in Appendix 1, and definitions of the terms used in this report are provided in Appendix 2.

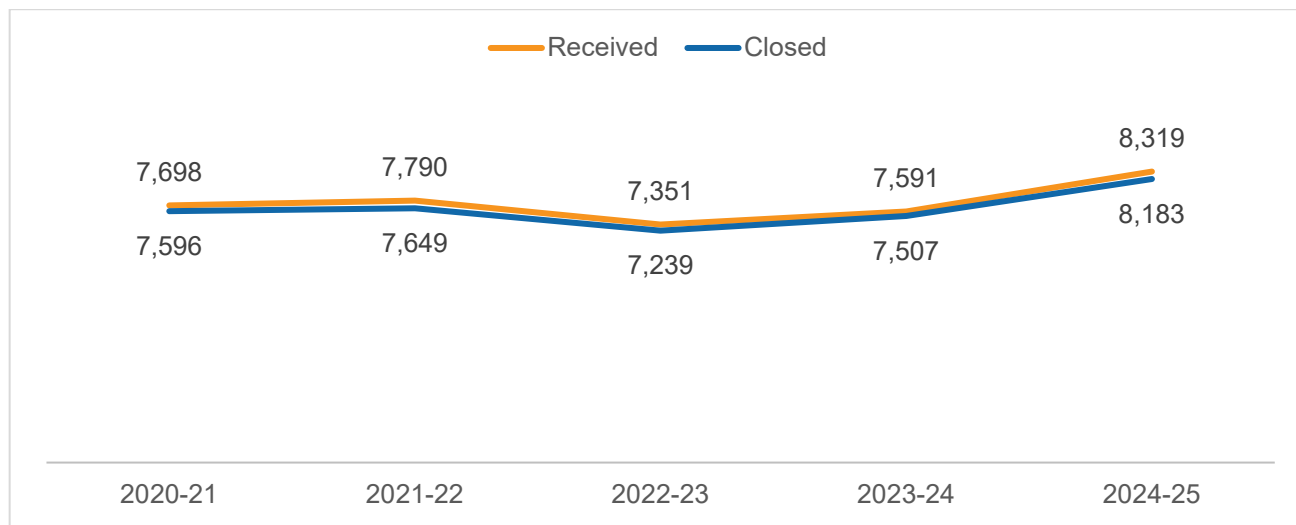
The providers prescribed under Section 75 of the *Health and Disability Services (Complaints) Act 1995* are detailed in Appendix 3.

2. Complaint trends

The number of complaints about health services received and closed by prescribed providers since 2020-21 is shown in Figure 1. The Health Complaints Data Collection Program received information relating to 8,319 complaints during 2024-25. The number of complaints closed has generally been consistent with the number of complaints received. From 2020-21 to 2024-25, at least 98% of received complaints were closed within the same financial year.

The 8,319 complaints received in 2024-25 represent a 10% increase from the 7,591 complaints received in 2023-24.

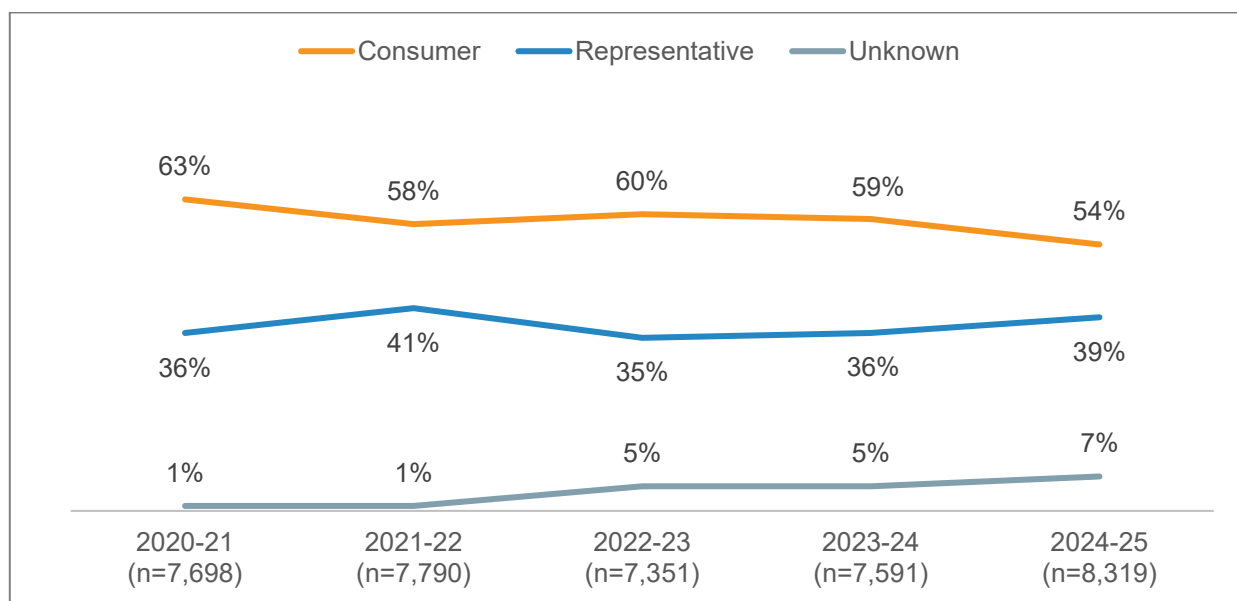
Figure 1: Received and closed health service complaints (2020-21 to 2024-25)



2.1 Individual making the complaint

In 2024-25, the majority of complaints (54%) were made by the consumer who received the service (Figure 2). This trend has been consistent across the previous five years.

Figure 2: Individual making the complaint

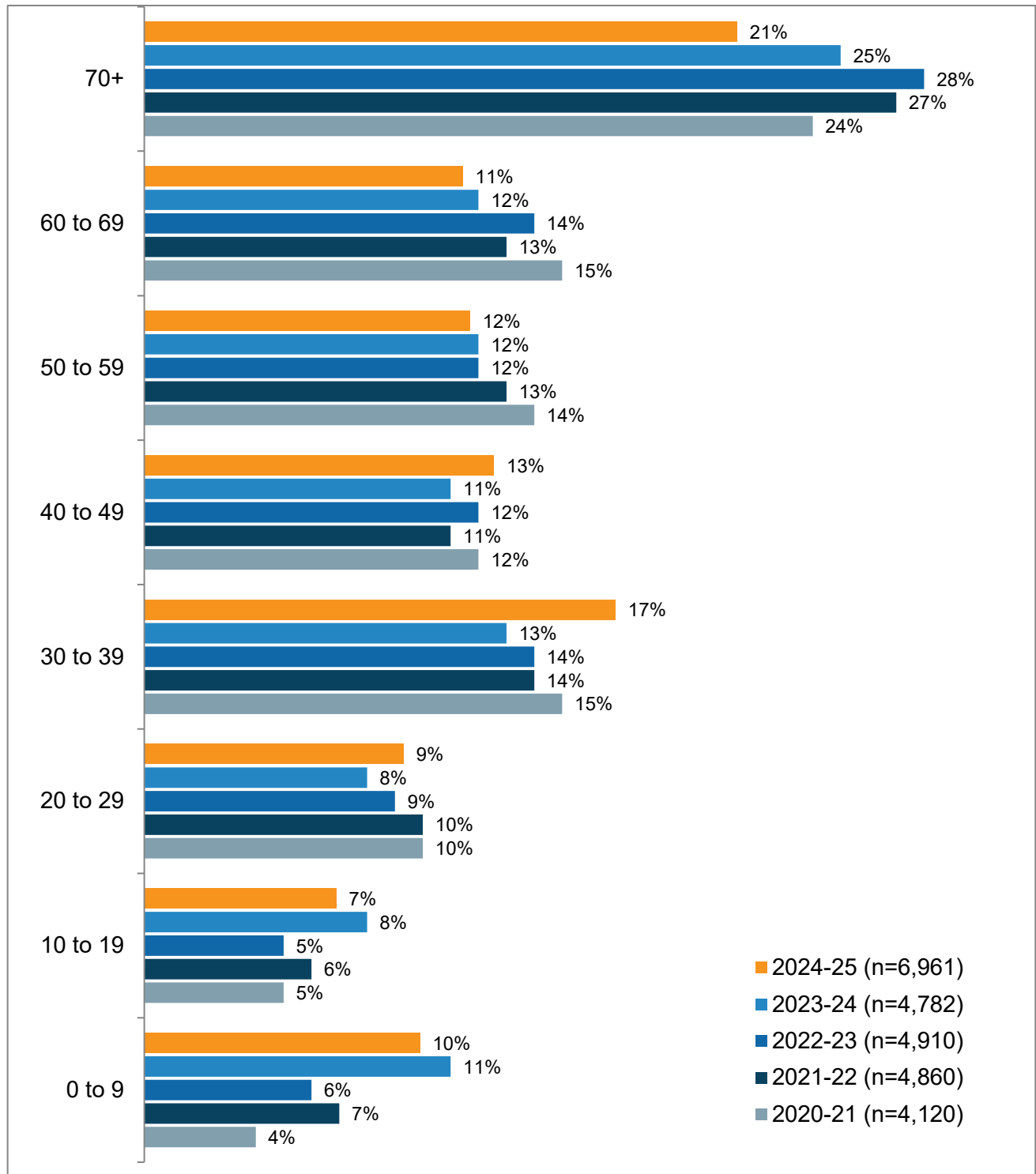


Totals may not sum to 100% due to rounding.

2.2 Age and gender

Since 2020-21, complaints were most likely to concern consumers aged 70 years and over (Figure 3).

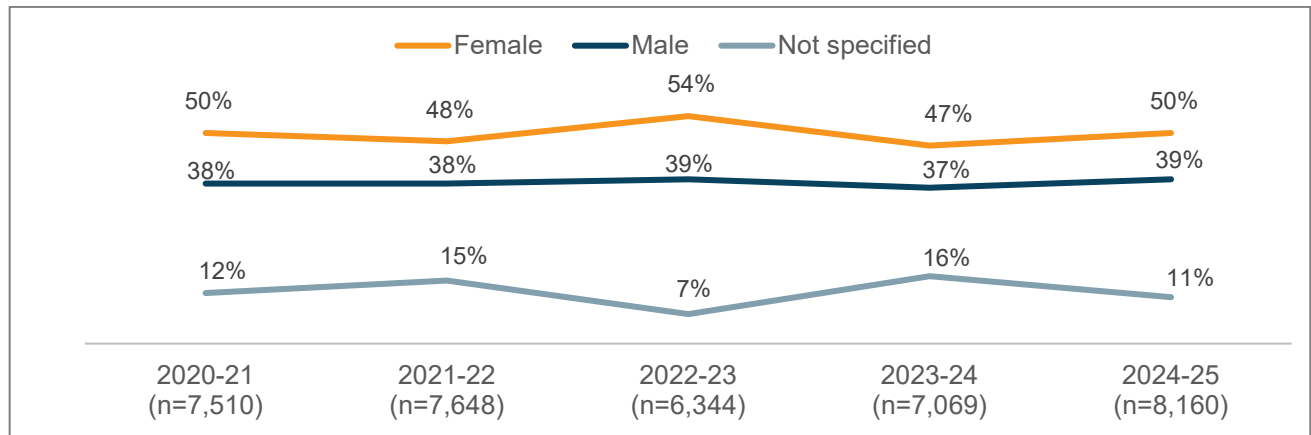
Figure 3: Age of the consumer



The data in Figure 3 is provided only for complaints where demographic information about the individual receiving a service was recorded. Totals may not sum to 100% due to rounding.

Over the past five years, the proportion of complaints concerning female consumers has been higher than complaints relating to male consumers (Figure 4).

Figure 4: Consumer gender

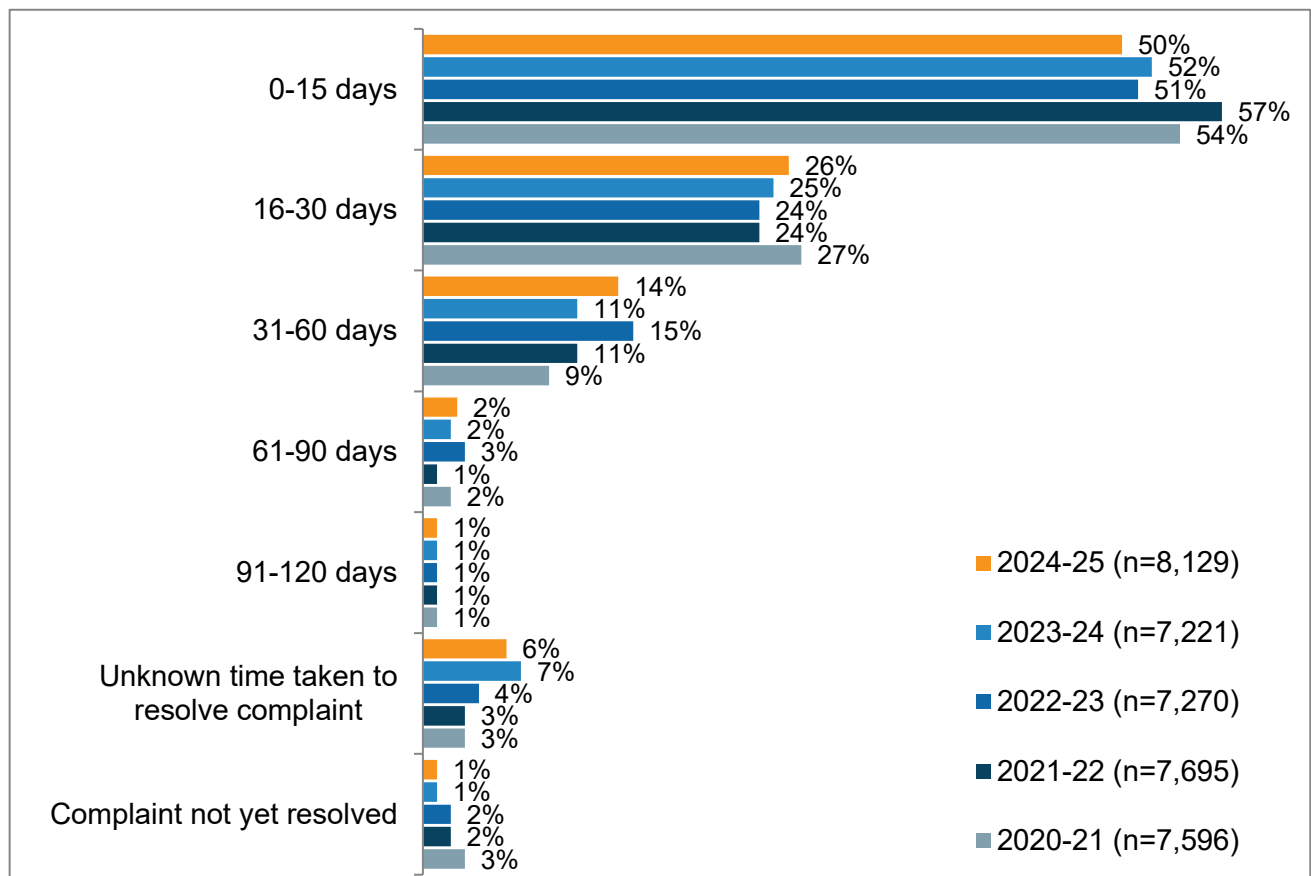


Totals may not sum to 100% due to rounding.

2.3 Time taken to resolve complaints

The time taken to resolve complaints is shown in Figure 5. At least 75% of complaints were resolved in 30 days or less across the five-year period. There was a decrease in the proportion of complaints closed in 15 days or less in 2024-25 and an increase in those closed between 31 and 60 days.

Figure 5: Time taken to resolve complaints



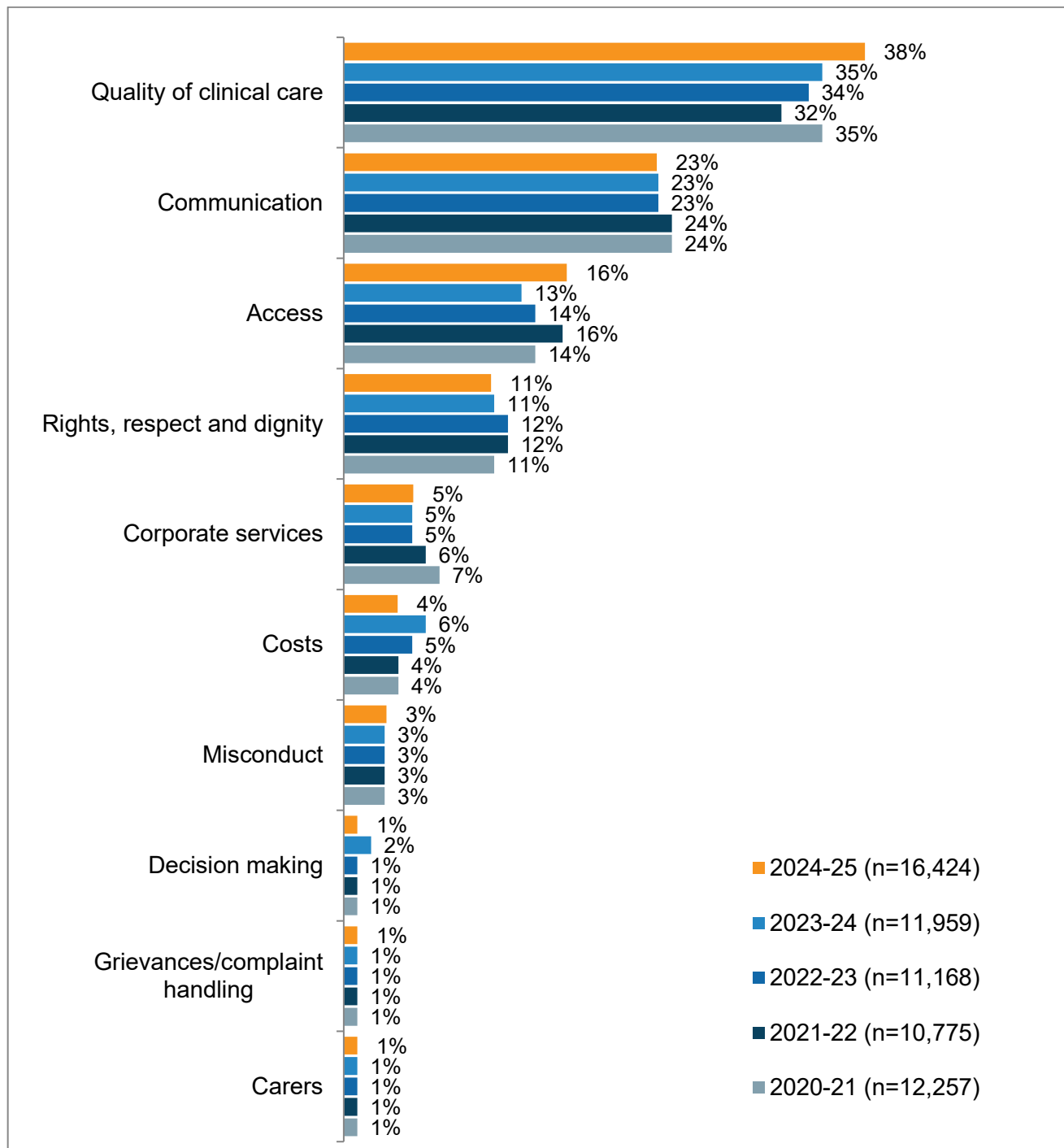
The following categories are not displayed in Figure 5 due to accounting for less than 1% of complaints: 121-150 days, 151-180 days, 181-210 days and 211+ days. Therefore, totals may not sum to 100%.

2.4 Complaint issue categories

The issue categories identified in complaints from 2020-21 to 2024-25 are shown in Figure 6. There has been minimal change in the comparative frequency of issue categories from year to year.

In total, 16,424 issues were identified in the 8,319 complaints received in 2024-25. This represents an increase of 37% from the 11,959 issues recorded in 2023-24.

Figure 6: Issue categories identified



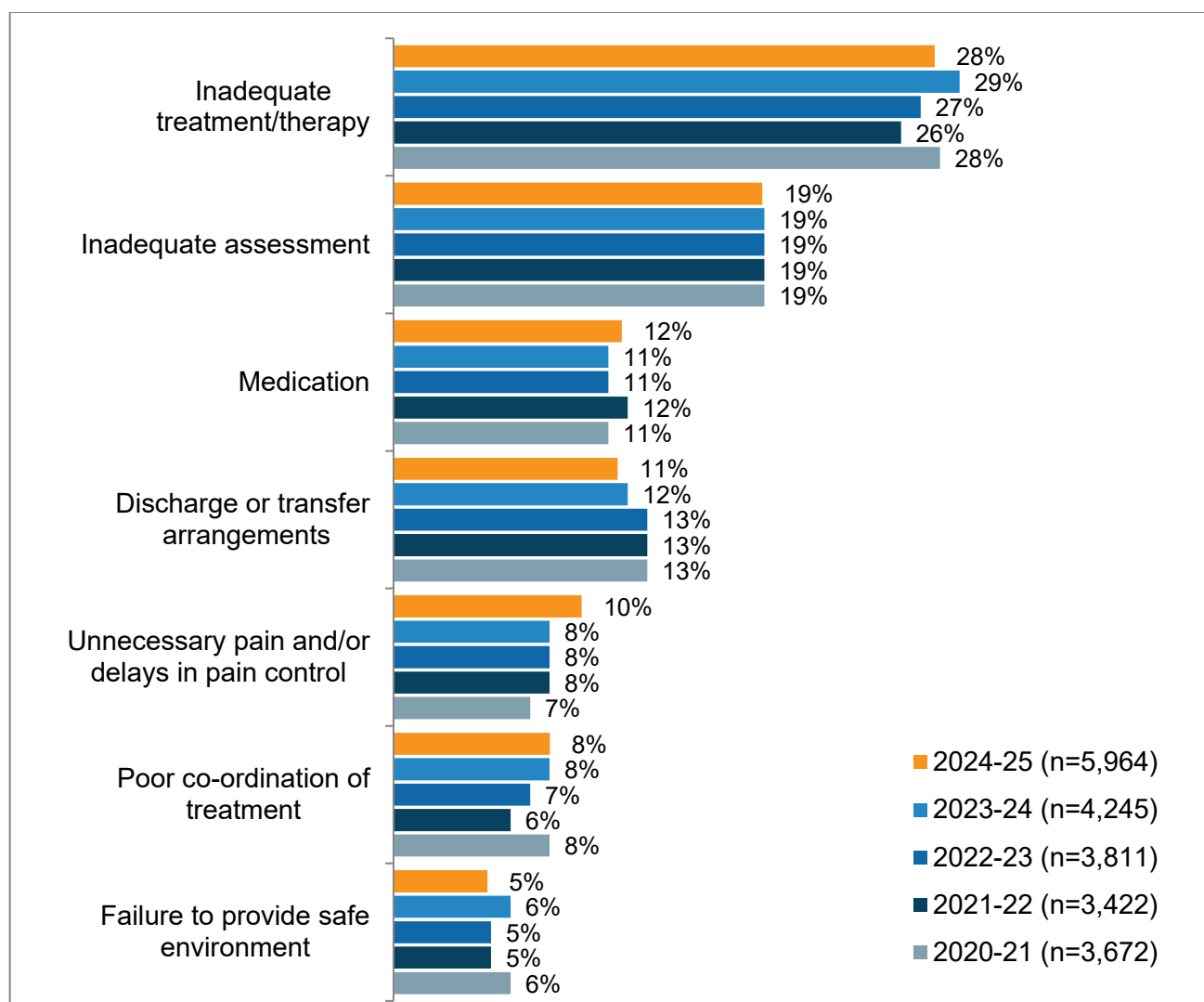
Totals may not sum to 100% due to rounding.

2.4.1 Complaints about quality of clinical care

Quality of clinical care refers to the assessment, planning, implementation and evaluation of clinical care by any health care professional. Issues such as treatment, assessment and medication all fall within the scope of the quality of clinical care complaint category.

Issues related to quality of clinical care were the most frequently identified over the last five years (Figure 6). Figure 7 shows the issues associated with quality of clinical care.

Figure 7: Issues identified in complaints about quality of clinical care



The following issues are not displayed in Figure 7 due to accounting for less than 2% of issues: 'Complications after non-surgical procedure', 'Refusal to refer or assist to obtain a second opinion' and 'Patient's test results not followed up'. Therefore, totals may not sum to 100%.

Within the quality of clinical care category:

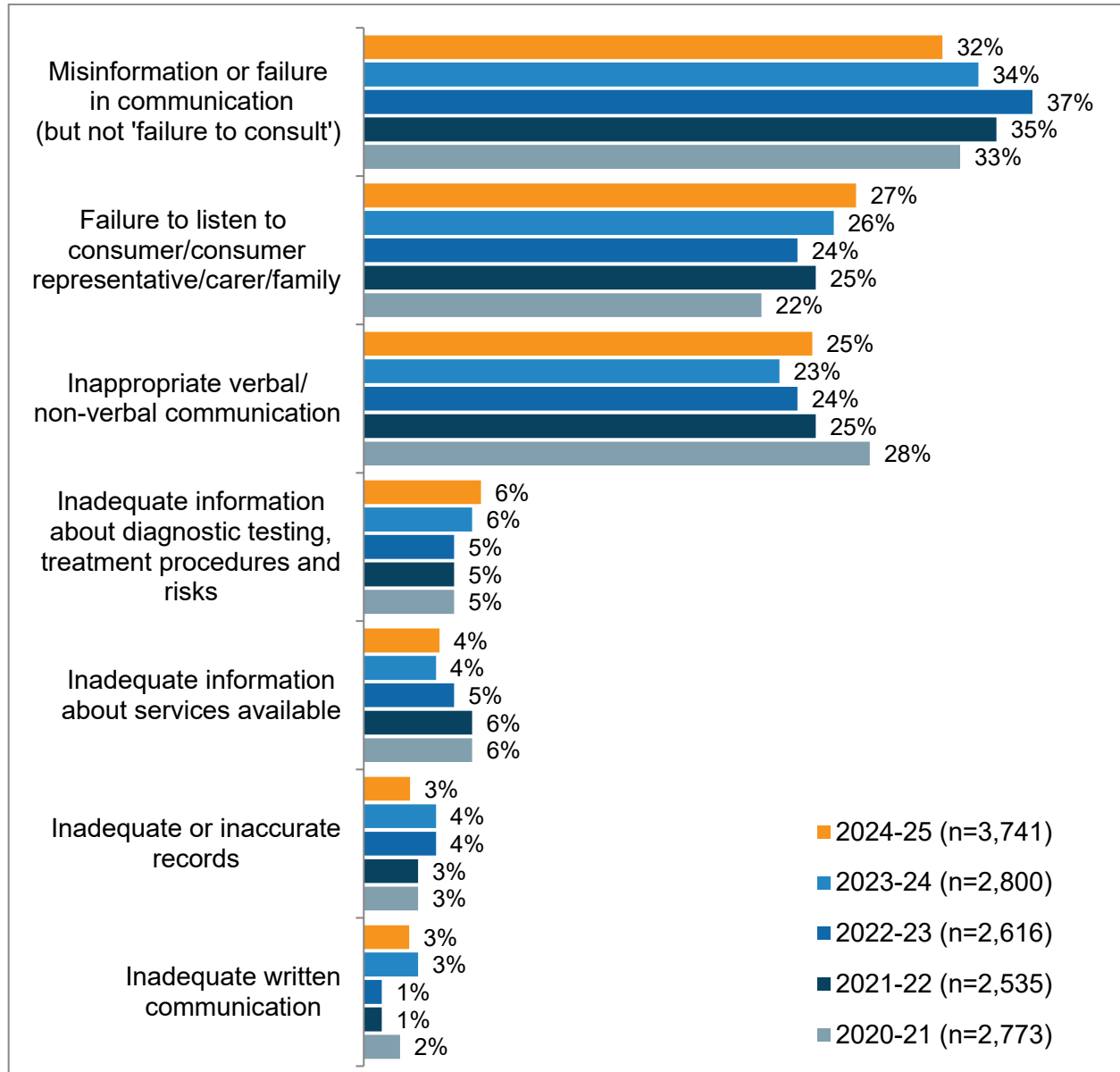
- 'Inadequate treatment/therapy' was the most common issue in 2024-25 (28%) and has been the most common category since 2020-21.
- 'Inadequate assessment' (19%) and 'Medication' (12%) were the second and third most common issues respectively in 2024-25.

2.4.2 Complaints about communication

Complaints related to communication refer to the quality and quantity of information provided about treatment, risks and outcomes. Issues such as inadequate information, misinformation or the failure by a prescribed provider to listen and act on the information provided all fall within the scope of this category.

Communication was the second most frequently identified issue category over the past five years (Figure 6). Figure 8 shows the issues associated with communication.

Figure 8: Issues identified in complaints about communication



Totals may not sum to 100% due to rounding.

Across the issues associated with communication:

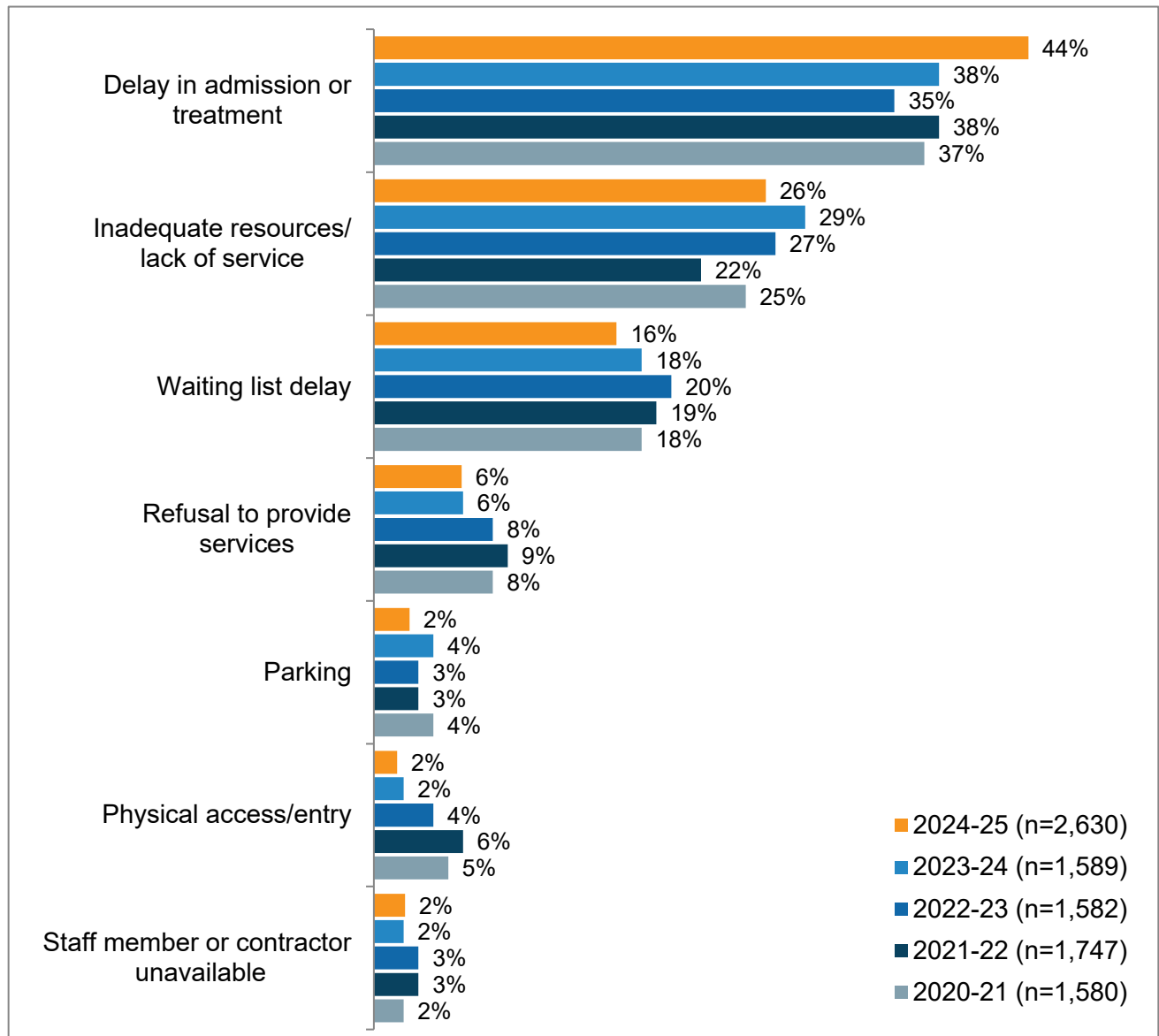
- In 2024-25, 'Misinformation or failure in communication (but not 'failure to consult')' was the most frequently cited issue (32%).
- There has been an increasing trend in the proportion of 'failure to listen to the consumer/consumer representative/carer/family' from 24% in 2022-23 to 27% in 2024-25.

2.4.3 Complaints about access

Complaints related to access refer to the availability of services in terms of location, waiting times and other constraints that limit the service. Issues about delays in admission, waiting lists, lack of resources and refusal to provide a service fall within the scope of this category.

Complaints regarding access were the third most frequently identified in 2024-25, consistent with previous years (Figure 6). Figure 9 shows the issues identified in complaints about access.

Figure 9: Issues identified in complaints about access



The following issue is not displayed in Figure 9 due to accounting for less than 2%: 'Failure to provide advice about transport options'. Therefore, totals may not sum to 100%.

Within complaints regarding access:

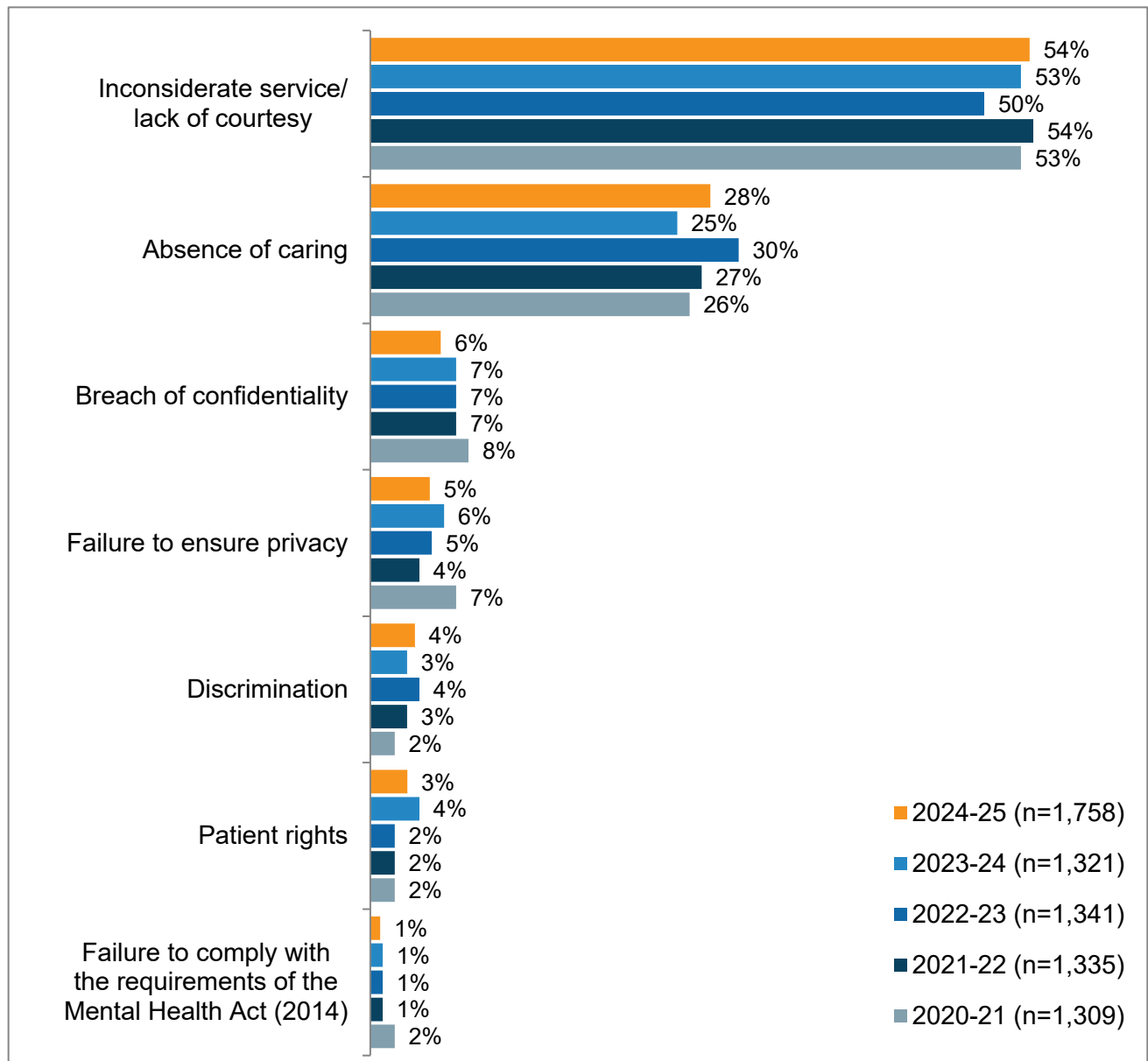
- 'Delay in admission or treatment' was the most common issue in 2024-25 at 44%, an increase of 6 percentage points compared to 2023-2024.

2.4.4 Complaints about rights, respect and dignity

Complaints related to the rights, respect and dignity category refer to the consumers mandated or legislated human and health care rights. Issues such as inconsiderate service, failure to ensure privacy and breaches of confidentiality all fall within the scope of this category.

Rights, respect and dignity was the fourth most frequently identified issue category over the past five years (Figure 6). Figure 10 shows the issues identified within the complaints about rights, respect and dignity.

Figure 10: Issues identified in complaints about rights, respect and dignity



The following issues are not displayed in Figure 10 due to accounting for less than 2%: 'Certificate or report problems', 'Translating and interpreting service problems' and 'Denying or restricting access to personal health records'. Therefore, totals may not sum to 100%.

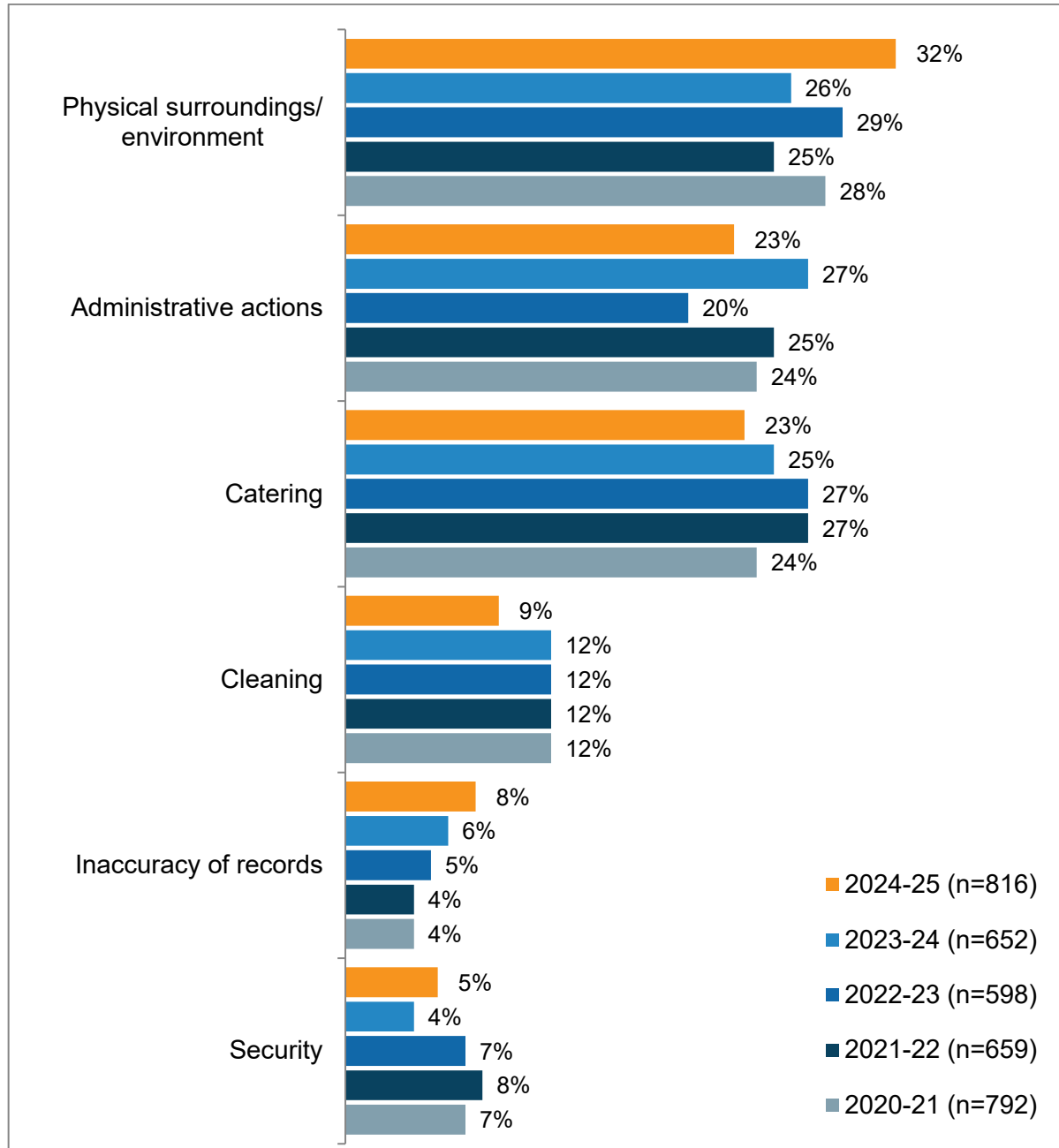
'Inconsiderate service/lack of courtesy' and 'absence of caring' have remained the most common issues, combining to account for at least 78% of issues relating to rights, respect and dignity over the past five years.

2.4.5 Complaints about corporate services

Complaints related to the corporate services category refer to all corporate issues unrelated to the provision of clinical care such as catering, cleaning, security and the physical surroundings and environment of the health service.

Corporate services were the fifth most frequently identified issue category over the past five years (Figure 6). Figure 11 shows the issues identified within the complaints about corporate services.

Figure 11: Issues identified in complaints about corporate services



Totals may not sum to 100% due to rounding.

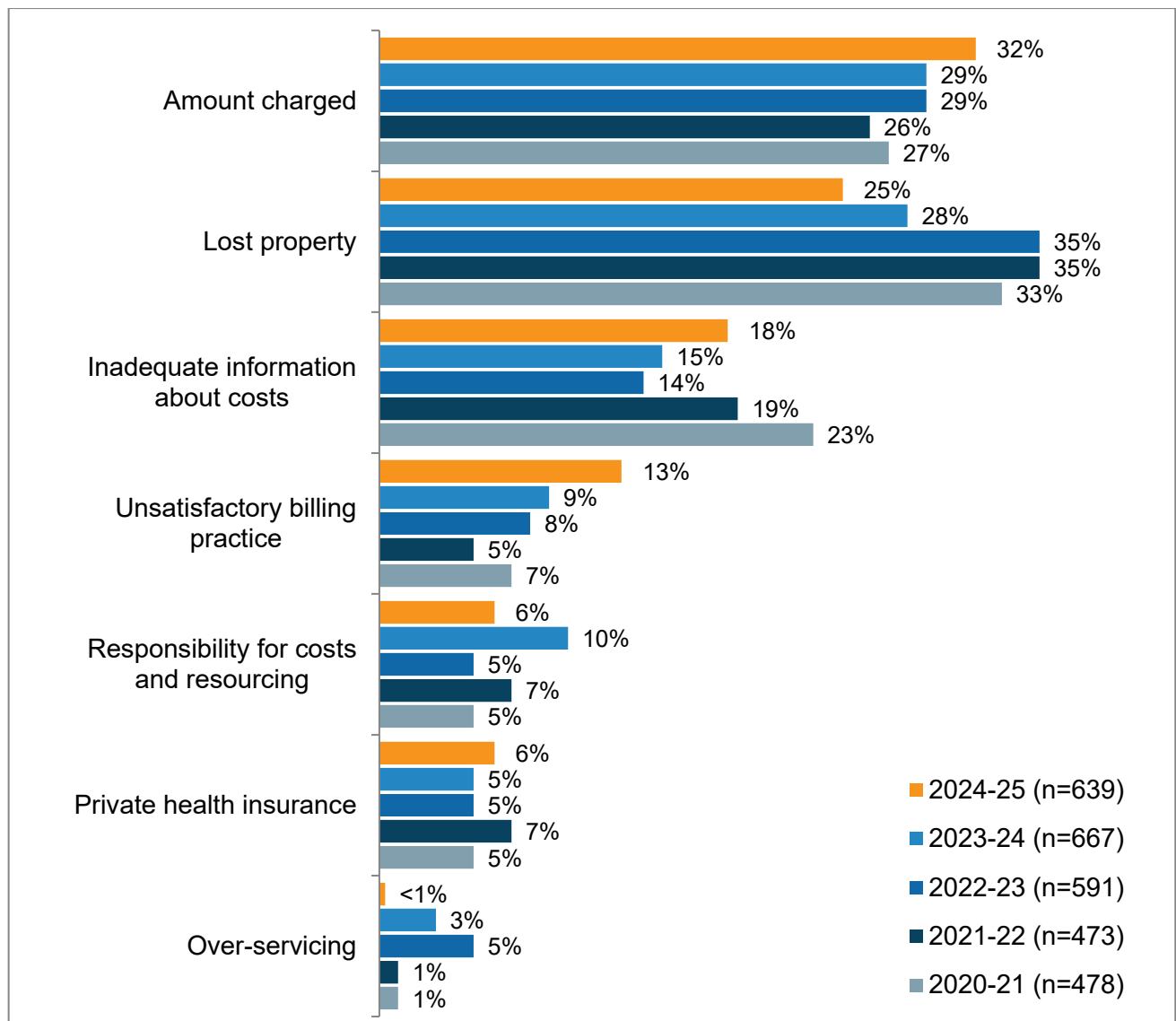
For complaints about corporate services, the top three issues have been 'administrative actions', 'physical surroundings/environment' and 'catering' in varying order. In 2024-25, 'physical surroundings/environment' was the top category.

2.4.6 Complaints about cost

Complaints related to the cost category refer to issues about costs and fee structures. Issues such as inadequate information about costs, the amount charged and unsatisfactory billing practices all fall within the scope of this category.

Cost issues were the sixth most frequently identified in 2024-25 (Figure 6). Figure 12 shows the issues identified within the complaints about cost.

Figure 12: Issues identified in complaints about cost



Totals may not sum to 100% due to rounding.

Within complaints regarding cost:

- 'Amount charged' was the most common cost related issue in 2024-25. This issue has seen been increasing since 2021-22.
- 'Lost property' was the second most common cost related issue in 2024-25 (25%). This category has decreased proportionally from 35% in 2021-22 and 2022-23 to 25% in 2024-25.
- There has been an increasing trend in the 'unsatisfactory billing practice' issue category from 2021-22 to 2024-25.

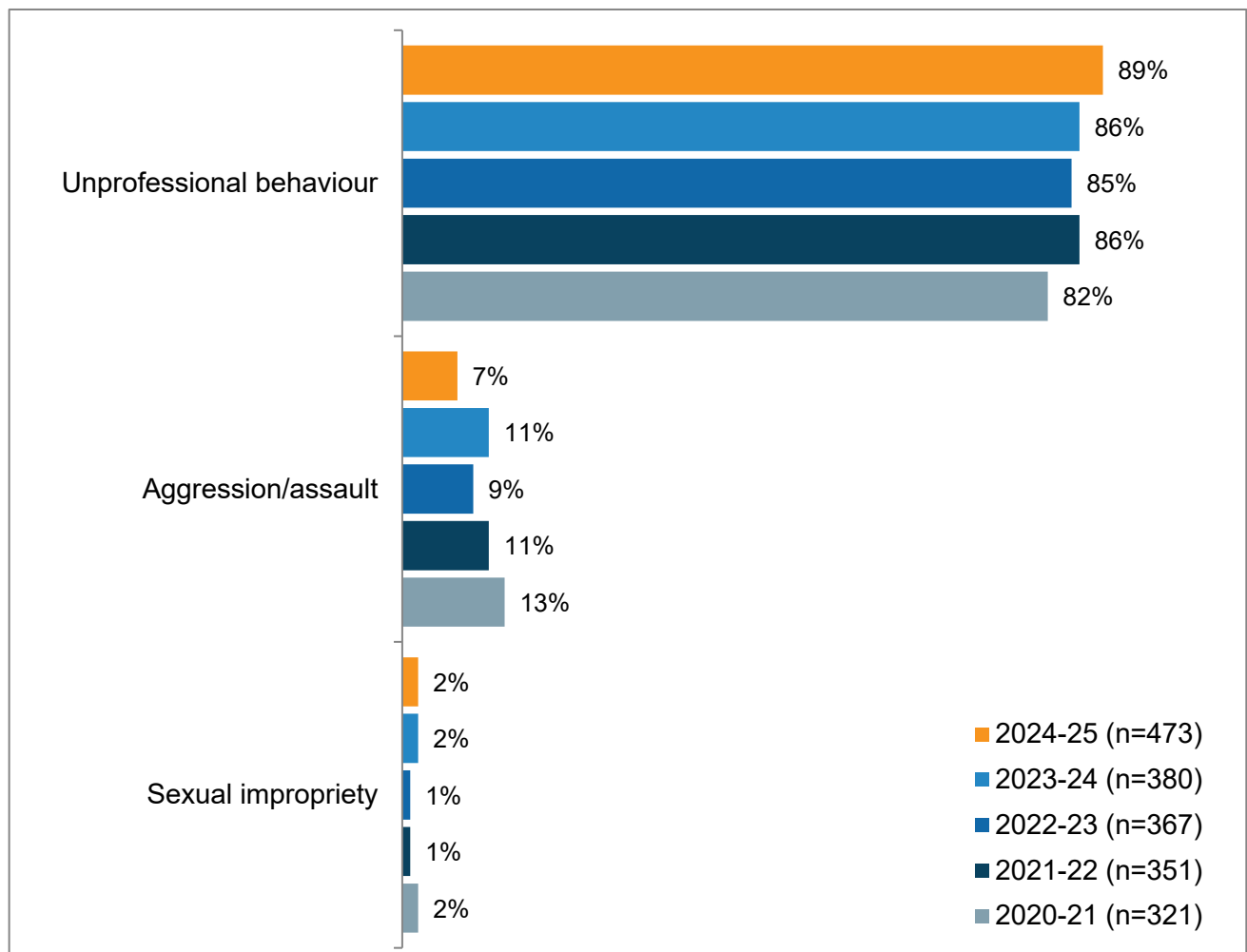
2.4.7 Complaints about misconduct

Complaints related to the misconduct category refer to alleged unethical and illegal practices. Issues such as aggression/assault, unprofessional behaviour and illegal practices all fall within the scope of this category.

The proportion of complaints citing misconduct over the past five years has remained consistent at 3% of all complaint issues (Figure 6). Figure 13 shows the issues identified within the complaints about misconduct.

'Unprofessional behaviour' has accounted for at least 82% of complaint issues regarding misconduct over the past five years.

Figure 13: Issues identified in complaints about misconduct



The following issues are not displayed in Figure 13 due to accounting for less than 2%: 'Physical or mental impairment of health professional', 'Sexual misconduct', 'Illegal practices' and 'Fraud/illegal practice of a financial nature'. Therefore, totals may not sum to 100%.

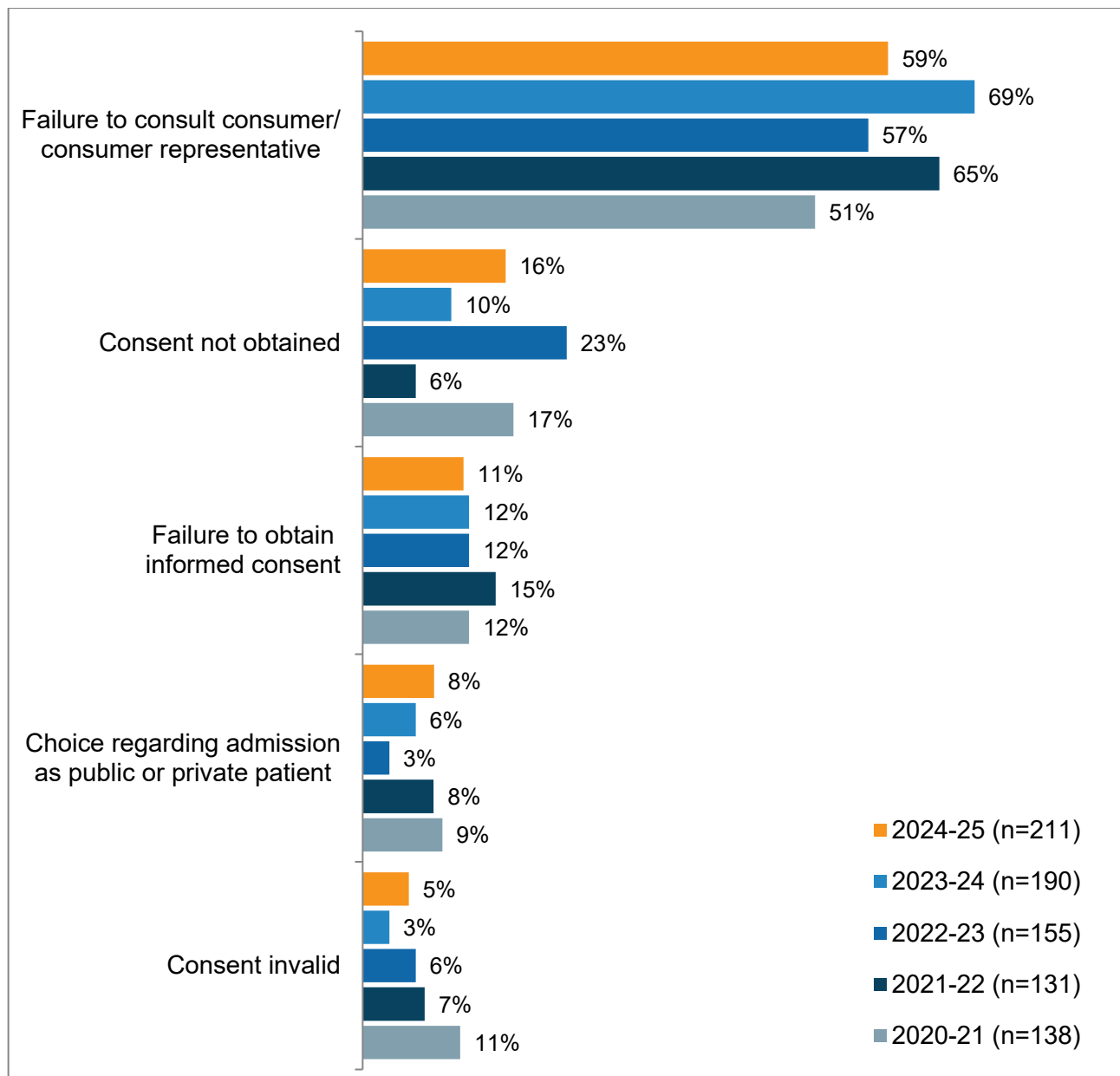
2.4.8 Complaints about decision making

Complaints related to the decision-making category refer to consultation with the consumer or their representatives regarding choices about their treatment. Issues such as failure to consult consumer/consumer representative, choice regarding admission as public or private patient and consent issues all fall within the scope of this category.

The proportion of issues associated with decision making decreased slightly in 2024-25 (Figure 6). Figure 14 shows the issues identified within the complaints about decision making.

'Failure to consult consumer/consumer representative' has accounted for the majority of complaint issues regarding decision making over the past five years. 'Consent not obtained' increased proportionally from 10% in 2023-24 to 16% in 2024-25.

Figure 14: Issues identified in complaints about decision making



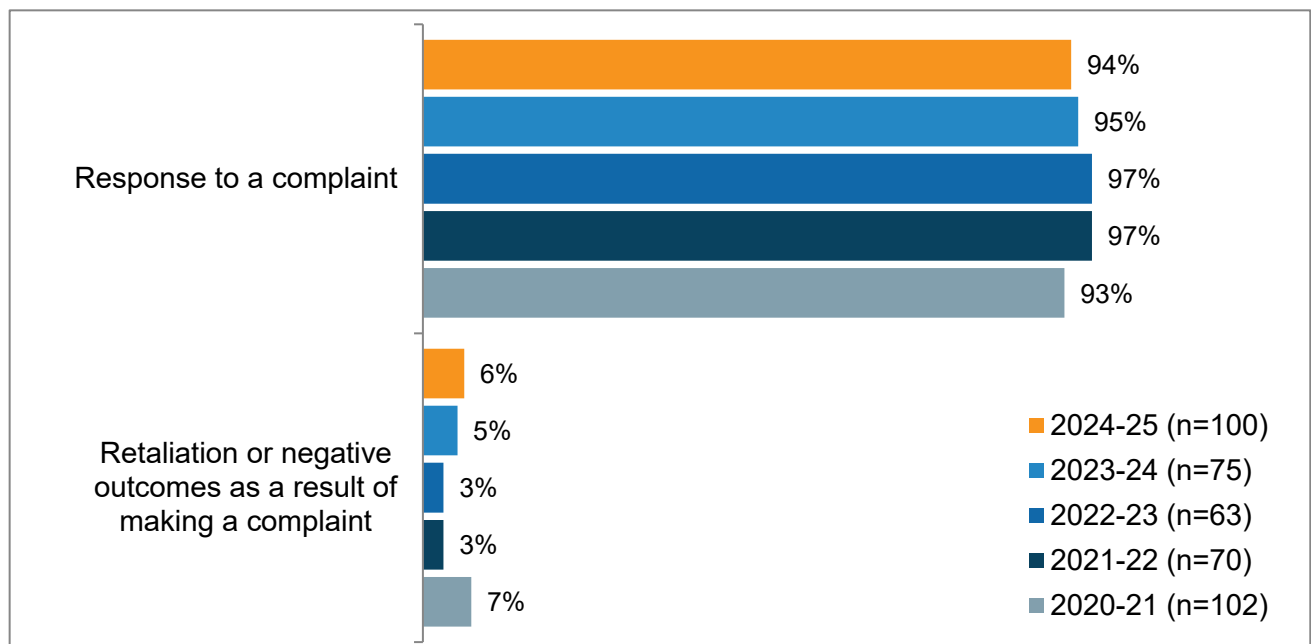
Totals may not sum to 100% due to rounding.

2.4.9 Complaints about grievances/complaint handling

Complaints related to the grievances/complaint handling category refer to the timely and fair management of a complaint. The complaint issues associated with this category are 'response to a complaint' and 'retaliation or negative outcomes as a result of making a complaint'.

The proportion of issues associated with grievances/complaints handling over the past five years has remained consistent at 1% of all complaint issues. From 2020-21 to 2024-25, 'response to a complaint' accounted for at least 93% of the complaint issues.

Figure 15: Issues identified in complaints about grievances/complaint handling



Totals may not sum to 100% due to rounding.

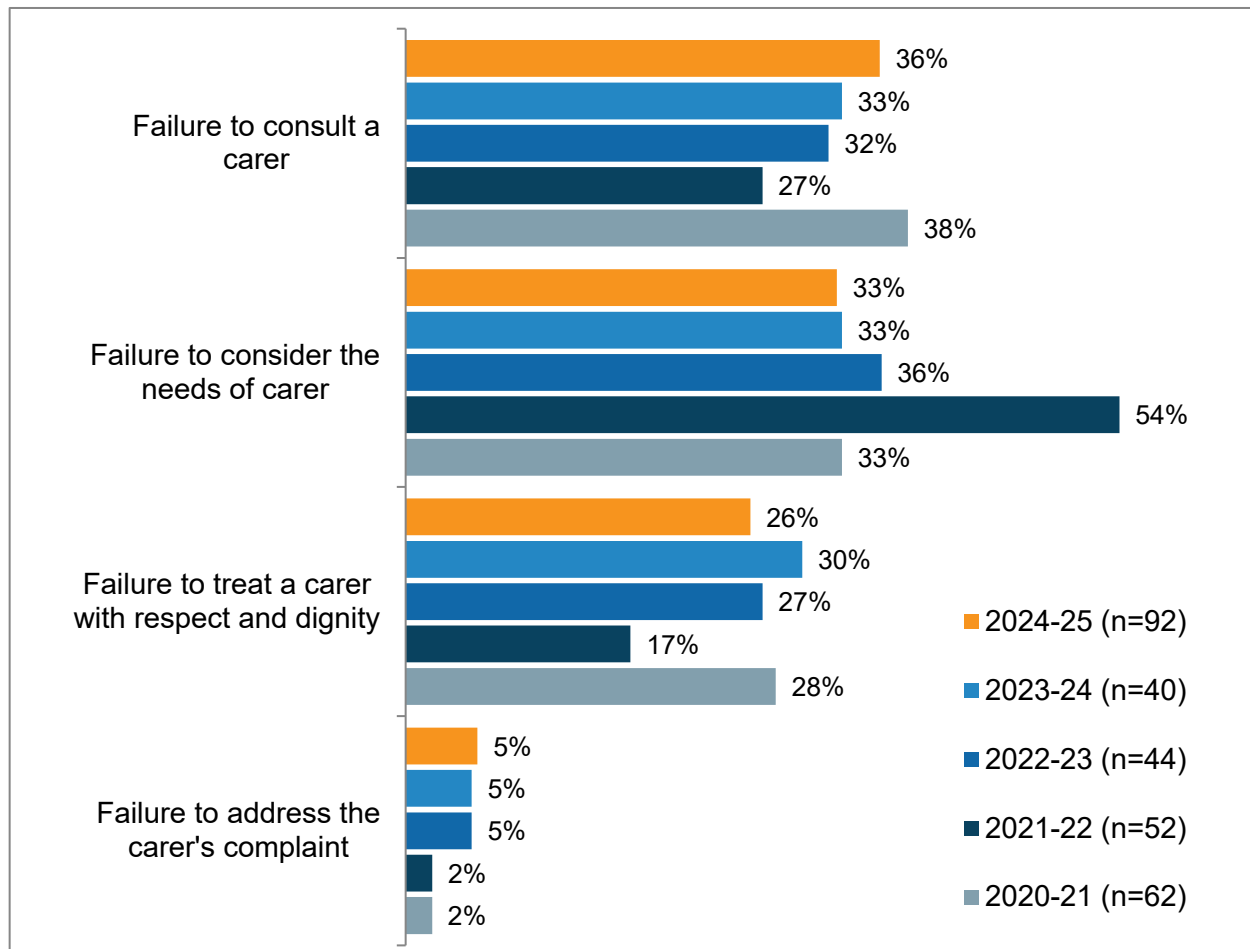
2.4.10 Complaints about carers

Complaints related to the carers category refer to how the provider treats the carer of the consumer. Issues such as failure to consider the needs of a carer, failure to treat a carer with respect and dignity and failure to consult a carer all fall within the scope of this category.

The proportion of issues associated with carers over the past five years has remained consistent at 1% or less of all complaint issues (Figure 6). Figure 16 shows the issues identified within the complaints about carers.

The 'failure to consult a carer' category has shown an increasing trend from 27% in 2021-22 to 36% in 2024-25, while remaining below the peak of 38% in 2020-21.

Figure 16: Issues identified in complaints about carers

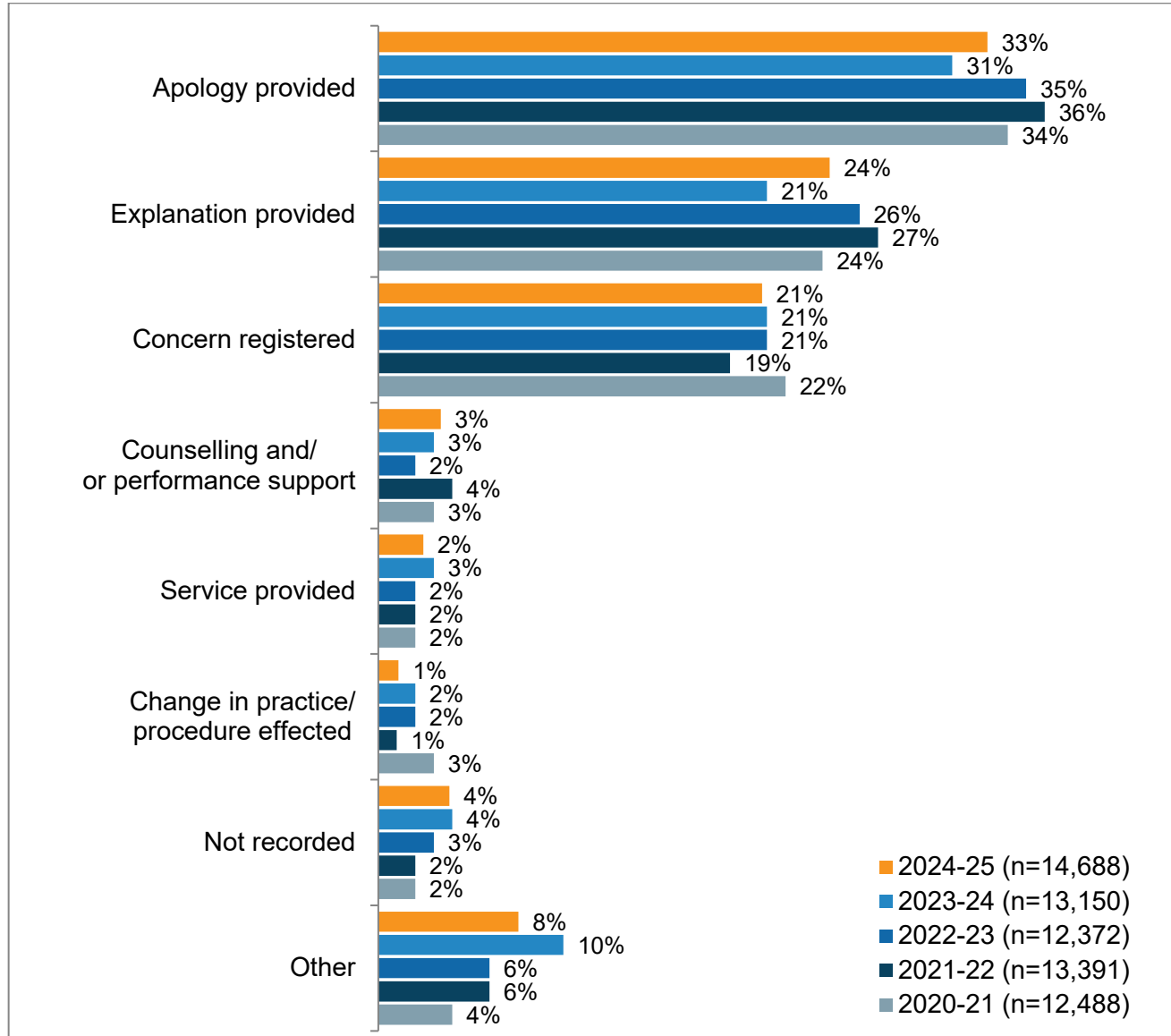


Totals may not sum to 100% due to rounding.

3. Outcomes achieved

A range of outcomes were achieved from the complaints managed by prescribed providers from 2020-21 to 2024-25. These are shown in Figure 17.

Figure 17: Outcomes achieved



The following outcomes are not displayed in Figure 17 due to accounting for less than 2% of outcomes: 'Change in policy effected', 'Costs refunded/reduced', 'Complaint withdrawn by complainant', 'Compensation paid', 'Agreement not reached', 'Transferred to another organisation', 'Unknown outcome' and 'Complaint not yet resolved'. Therefore, totals may not sum to 100%.

Across the outcomes, the following findings were observed:

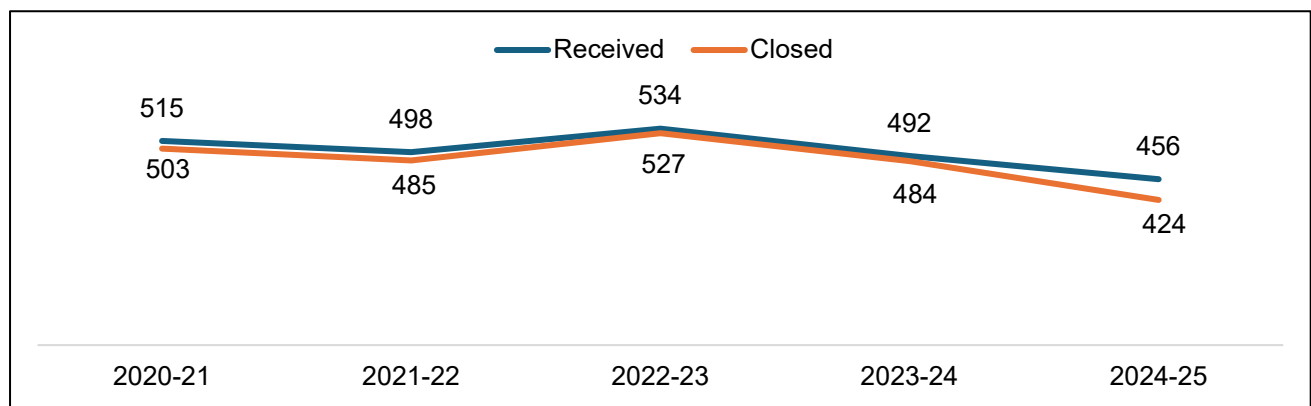
- When comparing 2020-21 to 2024-25 the number of outcomes achieved increased by 12%, while there was a 9% increase in complaints closed over the same period.
- Over the past five years, the 'apology provided', 'explanation provided', and 'concern registered' categories have accounted for the majority of complaint outcomes.

4. Mental health complaints

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed government, non-government and not-for-profit health service providers in Western Australia. During the 2015-16 financial year, HaDSCO began collecting a sub-set of mental health complaint data from the public Health Service Providers¹ (HSPs). This section provides an overview of the mental health data collected over the past five years.

In 2024-25, details of 456 complaints concerning 824 issues were submitted to HaDSCO. This represents a 7% decrease from the number of complaints received in 2024-25 (492) as indicated in Figure 18.

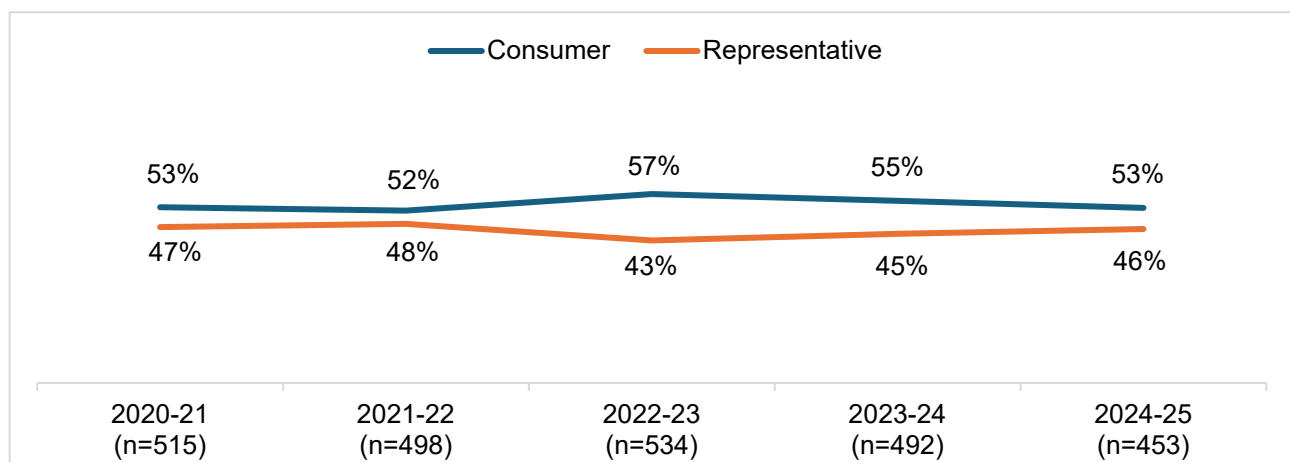
Figure 18: Received and closed mental health complaints (2020-21 to 2024-25)



4.1 Individual making the complaint

For mental health complaints received in 2024-25, the complaint was more likely to be made by the consumer rather than their representative (Figure 19). This is similar to health complaints, where the majority are made by the consumer (Figure 2).

Figure 19: Individual making the mental health complaint



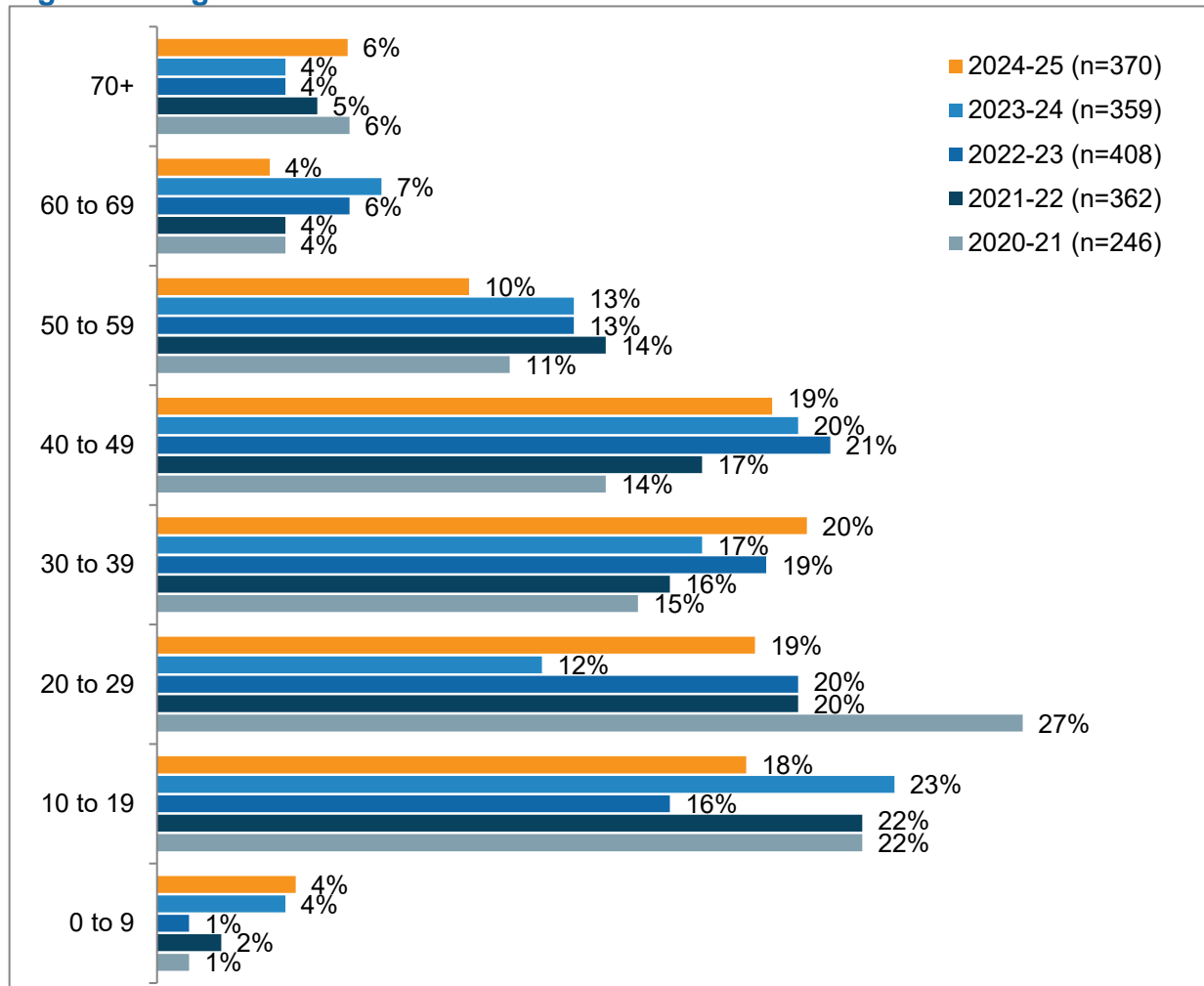
Totals may not sum to 100% due to rounding.

¹ The public Health Service Providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.

4.2 Age and gender of consumer

In 2024-25, consumers aged 30-39 represented the largest proportion of mental health complaints to HSPs. Substantial complaint volumes were also recorded among the 10-19, 20-29, and 40-49 age groups. Figure 20 shows the distribution of consumer age data.

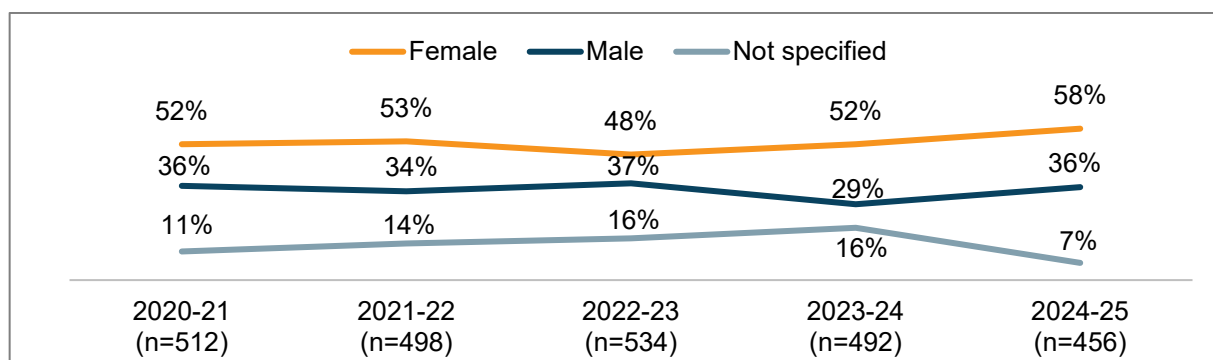
Figure 20: Age of consumer



Totals may not sum to 100% due to rounding.

Similar to health complaints over the past five years, the proportion of complaints about mental health services concerning female consumers has been higher than complaints relating to male consumers. This breakdown is shown below in Figure 21.

Figure 21: Gender of consumer



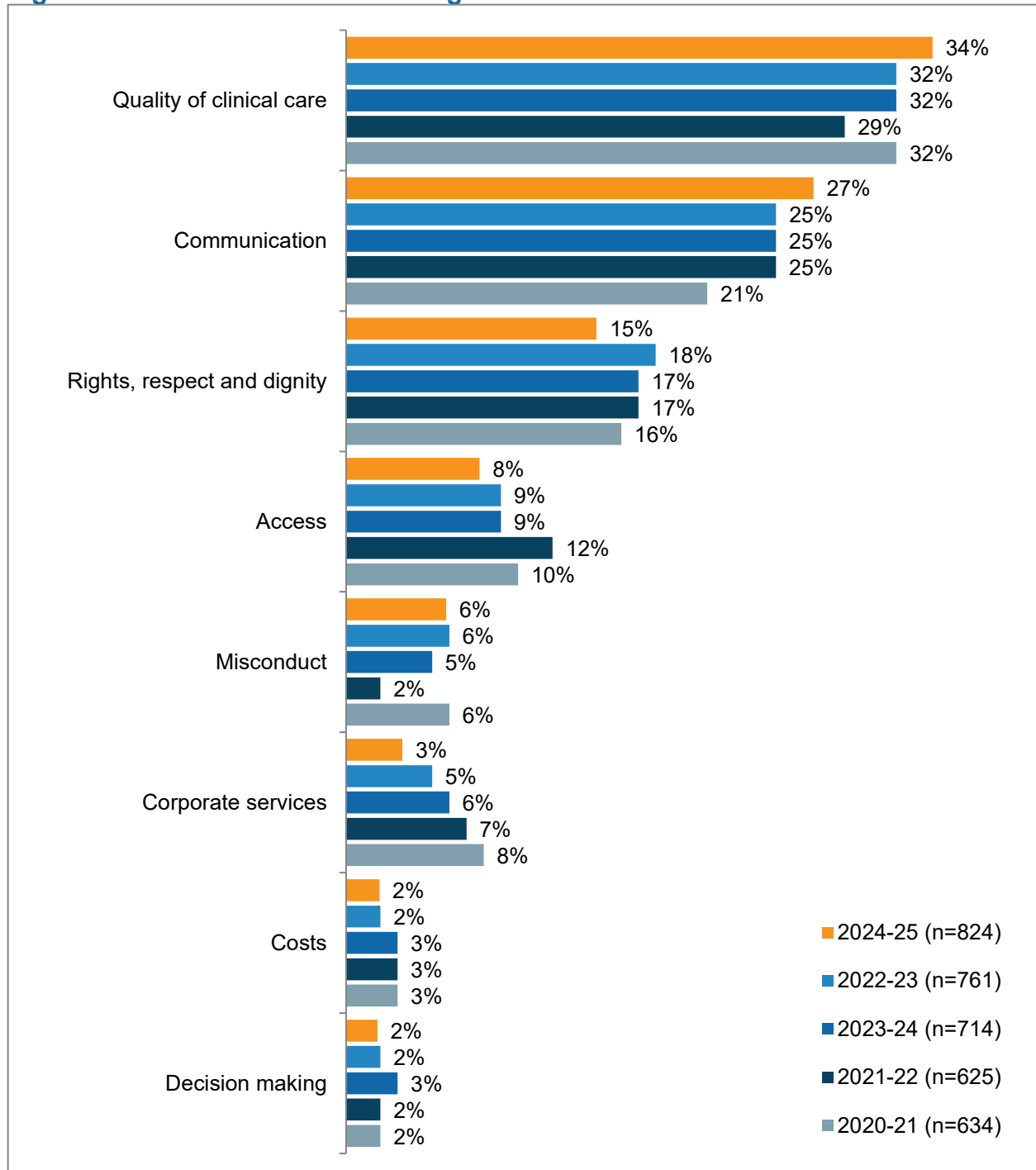
Totals may not sum to 100% due to rounding.

4.3 Mental health issues

In 2024-25, 'quality of clinical care' (34%), 'communication' (27%) and 'rights, respect and dignity' (15%) were the most commonly identified issue categories in mental health complaints. 'Quality of clinical care' has accounted for at least 29% of mental health issues over the last five years.

The issue categories identified in mental health complaints received over the past five years are shown in Figure 22.

Figure 22: Mental health issue categories



The following issues are not included in Figure 22 due to accounting for fewer than 2% of issues in all five years: 'Carers' and 'Grievances/complaint handling'. Therefore, totals may not sum to 100%.

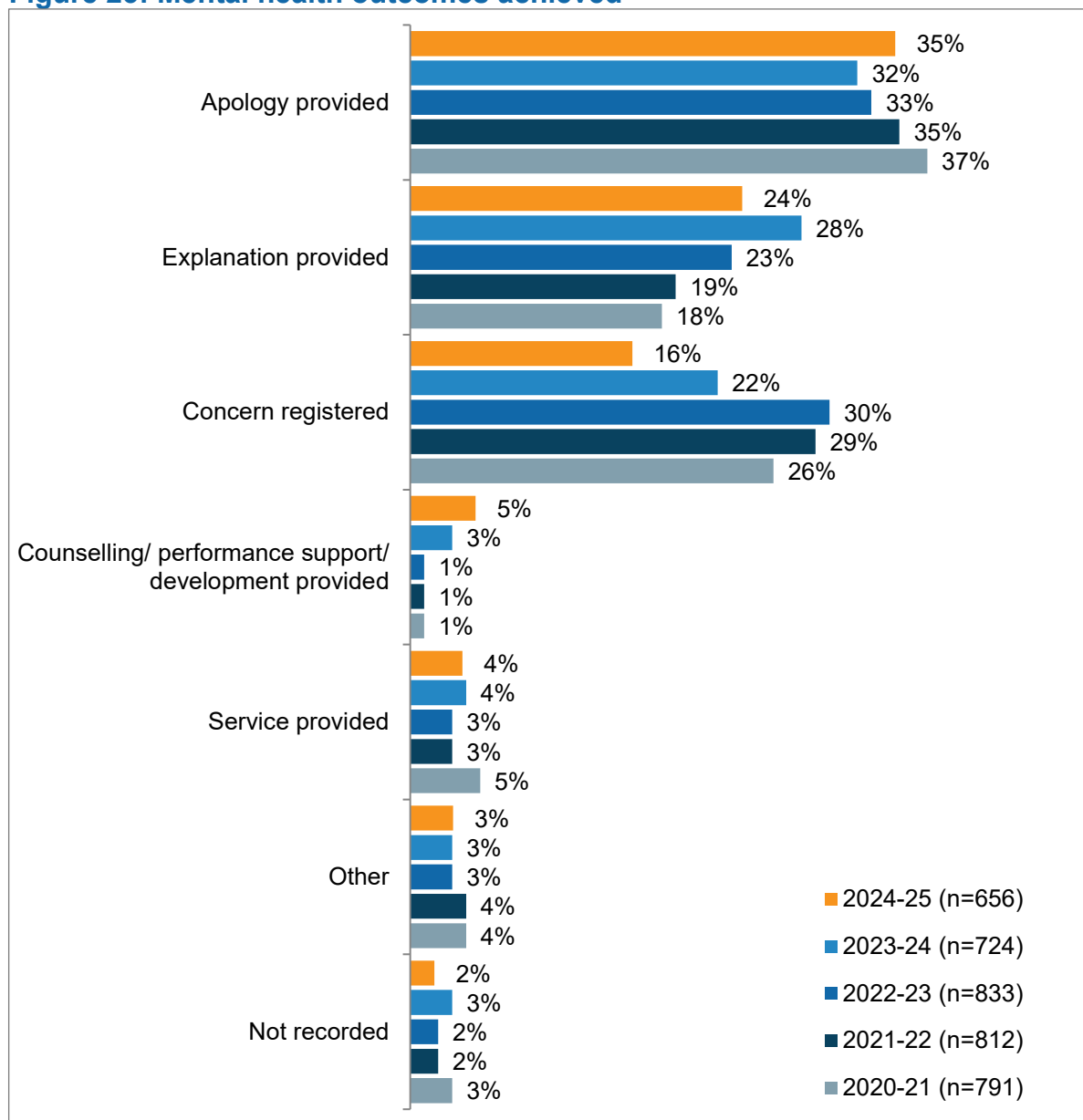
4.4 Mental health outcomes

A range of outcomes were achieved from the mental health complaints managed by the HSPs. Over the past five years, the three most common outcomes have remained consistent: 'apology provided', 'explanation provided' and 'concern registered'.

The proportion of outcomes where an explanation was provided declined in 2024-25, marking the first decrease after a period of growth. The proportion of outcomes where a concern was registered also dropped, falling from a five-year peak of 30% in 2022-23 to 16% in 2024-25.

The outcomes achieved in complaints received by HSPs over the past five years are shown in Figure 23.

Figure 23: Mental health outcomes achieved



The following outcomes are not displayed in Figure 23 due to accounting for less than 2% across all five years: 'Change in policy effected', 'Complaint not yet resolved', 'Complaint withdrawn by complainant', 'Compensation paid', 'Cost refunded/reduced', 'Change in practice/procedure effected', 'Referred to another organisation' and 'Agreement not reached'. Therefore, totals may not sum to 100%.

Appendix 1: Health Complaints Data Collection Program

Each year, under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, HaDSCO collects complaints data from prescribed public, private and not-for-profit health service providers in Western Australia. The data is collected through annual returns under HaDSCO's Health Complaints Data Collection Program and is used to identify systemic issues and trends across the health sector. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected from prescribed service providers. A list of the prescribed health service providers can be found in Appendix 3. The information collected includes:

- Number of complaints.
- Demographics of consumers.
- Complaint issues and outcomes.
- Timeliness of complaint resolution.

Purpose of this report

The aggregate data received by HaDSCO includes all complaints received by prescribed providers in a given financial year. This report details the health complaint trends observed from 2020-21 to 2024-25 in the complaints data submitted to HaDSCO through the Health Complaints Data Collection Program.

The purpose of the report is to:

- Provide an overview of complaint data and emerging trends.
- Provide a profile of the consumers making complaints.
- Give an understanding of what people commonly complain about and what outcomes were achieved for them.

Notes on interpretation

Unless otherwise stated, all of the data presented in this report is for complaints closed by health service providers during the specified financial years (2020-21, 2021-22, 2022-23, 2023-24 or 2024-25). A complaint may have multiple objectives, issues or outcomes, and may involve more than one person. As a result, the charts included in the report may not sum to 100%.

Data limitations

Data collected through the Health Complaints Data Collection Program is aggregate data. This means that:

- Case level outcomes and processes cannot be evaluated.
- Consumer demographics cannot be associated to specific complaint issues or outcomes.

Appendix 2: Definition of terms used

Complaint: an expression of dissatisfaction made to an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required¹ (Standards Australia Limited, 2022).

Complaint categories: combines complaint issues (defined below) into specific themes.

Complaint issues: the specific issues, or concerns, that an individual has regarding the health or mental health services provided.

Consumer: an actual or potential recipient of health care from a prescribed provider. May also be known as a patient or customer.

Consumer representative: someone who makes a complaint on behalf of the consumer of a health service, for example a carer, guardian or spouse.

Outcome: actions taken by the organisation to resolve the complaint.

¹ Standards Australia. (2022). Guidelines for complaint management in organizations (AS/NZS 10002:2022). Standards Australia, NSW.

Appendix 3: Health providers prescribed under s75 of the *Health and Disability Services (Complaints) Act 1995*

Prescribed entity
Abbotsford Private Hospital
Albany Community Hospice
Attadale Rehabilitation Hospital
Bethesda Hospital
Department of Justice
Child and Adolescent Health Service
East Metropolitan Health Service
North Metropolitan Health Service
South Metropolitan Health Service
WA Country Health Service
Glengarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
Mount Hospital
Ngala Family Services
PathWest Laboratory Medicine WA
Peel Health Campus ¹
Perth Clinic
Royal Flying Doctor Service
Silver Chain Nursing Association Incorporated
South Perth Hospital
St John Ambulance Service
St John of God Hospital ²
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital

¹ As of 13 August 2024, ownership of Peel Health Campus ownership transitioned from Ramsay Health Care to the South Metropolitan Health Service. Data for Peel Health Campus in 2024-25 was reported by the South Metropolitan Health Service.

² Includes the following St John of God Hospitals: Bunbury, Geraldton, Midland (private and public), Mt Lawley, Murdoch (including Murdoch Surgicentre) and Subiaco (including Wembley Day Surgery and Subiaco Eye Hospital).



Health and Disability Services
Complaints Office (HaDSCO)

Health and Disability Service Complaints Office (HaDSCO)

PO Box B61, Perth, Western Australia, 6838
Complaints and enquiries: (08) 6551 7600 Email: mail@hadsco.wa.gov.au
Website: hadsco.wa.gov.au ABN: 67 123 349 587

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