

Tell Us What You Think Form

Do you have a compliment, or suggestion for us?				
Your feedback can help us improve. If you have a complaint, please request a Complaints Form.				
Tell us what you think about MHCN and our programs and projects.				

MHCN Mental Health Carers NSW Inc.

Funded by the NSW Ministry of Health
Building C, Suite 2.02, 33 Saunders St, Pyrmont NSW 2009
Carer Connection Helpline: 1300 554 660 – Free Call
P: (02) 9332 0777

W: www.mentalhealthcarersnsw.org
E: MHCNadmin@mentalhealthcarersnsw.org



Are you a:				
Ca	rer orking for an organisation	Consumer	Staff Member Other	
My det	cails			
Name: (optional)				
Date: _				
Phone Number: (optional)				
Email d	address: (optional)			
	Please call me so I can give you more information.			
	I would like a response to r	my feedback.		

When you have completed this form, please provide it to:

- A staff member, or
- Post it to us at Building C, Suite 2.02, 33 Saunders St, Pyrmont NSW 2009, or
- Email it to us at MHCNadmin@mentalhealthcarersnsw.org

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