

Tell Us What You Think Form

Do you have a compliment, or suggestion?

Your feedback will help us improve our programs and activities. If you have a complaint, please request a Complaints Form.			
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Are you a:		
☐ Carer ☐ Working for an organisation	Consumer	Staff Member
My details		
Name: (optional) Date:		
Phone Number: (optional) Email address: (optional)		
Please call me so I can give yo	ou more information	

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

I would like a response to my feedback

- A staff member, or
- Post it to us at Suite 2.03, Level 2, 3 Spring Street, Wynyard NSW 2000, or
- Email it to us at MHCNadmin@mentalhealthcarersnsw.org