

Have Your Say

We want to hear from you as someone receiving care, or as a carer or support person, who wants to give feedback about our services.

Please talk with one of our team or fill in this form.

To return this form:

- hand in to reception or place in suggestion box at our service
- contact us for email or mailing details.

See back page for phone numbers to contact us during business hours.

Where else can I go?

It is always best to first try to resolve any concerns you have by talking to us or filling in this feedback form.

If you have tried this and feel you need further help, you may wish to contact:

Advocacy Tasmania

(for support in making a complaint)

1800 005 131

advocacy@advocacytasmania.org.au

Health Complaints Commissioner

1800 001 170

health.complaints@ombudsman.tas.gov.au

Contact us in business hours:

North 1800 008 001

North West 1800 062 322

South* 03 6166 8154

* for all clients of Alcohol and Drug Services and Forensic Mental Health Services

www.dhhs.gov.au/mentalhealth



Tasmanian Health Service Buildings are smoke-free sites.

Statewide Mental Health Service welcomes feedback from clients, carers and family members to help us improve care. Talk to one of our team or fill in a consumer feedback form.



The Tasmanian Health Service integrates acute, primary and community services. This integration has given service providers the flexibility to ensure people have the best services we can provide, as close as possible to where they live.

Statewide Mental Health Services deliver consumer centred services focused on improving health outcomes. Our services include inpatient facilities and community teams.



Interpreter



Have Your Say

Fill in this form to have your say
Your feedback will help us
improve our service



Service/ Location _____ **Date:** ___/___/___

Please tell us what type of feedback you are providing by ticking one of these boxes:


- Suggestion Compliment Complaint
Have an idea to improve our service? Happy with our care? Not happy with our care?

I am filling in on behalf of someone else (their name) _____

Your Feedback

Tell us about your suggestion, complaint or compliment.

What happened? When did this happen? Who was involved?

 If you require additional space please attach another page

What would you like to happen now?

Thank you

Your feedback will help us improve our service.

Do you want a response?

- Yes No

If YES, please provide contact details

Your first name: _____

Your surname: _____

Please tick preferred response

- Phone me on: _____
 Email me at: _____
 Write to me at: _____
