Ways to give feedback

1. Call or email us using the contact details on the back of the brochure.
2. Write your feedback on the form overleaf

To return this form:
- hand in to reception or place in suggestion box at our service
- Scan and email or send via mail GPO Box 1061 Hobart TAS 7001

See back page for contact details.

We will contact you to acknowledge your feedback and look into your concerns. You will be provided with an outcome, usually within 35 days.

Where else can I get help?
For support you may wish to contact:

**Advocacy Tasmania**
(for support in making a complaint)
1800 005 131
advocacy@advocacytasmania.org.au

If you are not happy with our response, you may wish to contact:

**Health Complaints Commissioner**
1800 001 170
health.complaints@ombudsman.tas.gov.au

Have Your Say

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

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.

Contact in business hours:

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>1800 811 911</td>
<td><a href="mailto:south.feedback@ths.tas.gov.au">south.feedback@ths.tas.gov.au</a></td>
</tr>
<tr>
<td>North</td>
<td>1800 008 001</td>
<td><a href="mailto:north.feedback@ths.tas.gov.au">north.feedback@ths.tas.gov.au</a></td>
</tr>
<tr>
<td>North</td>
<td>1800 062 322</td>
<td><a href="mailto:northwest.feedback@ths.tas.gov.au">northwest.feedback@ths.tas.gov.au</a></td>
</tr>
</tbody>
</table>

Tasmanian Health Service buildings are smoke-free sites.

Statewide Mental Health Service welcomes feedback from clients, carers, families and other support to help us improve care.
Service/ Location ___________________________________________ Date: ___/___/____

Tick one box to tell us what type of feedback you are providing:

☐ 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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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: _________________________

If you require additional space please attach another page