

## Your details

Please provide your details below so we can contact you about your feedback. It is optional to complete the details in the box below, however we would appreciate you completing the other details.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you the consumer?  Yes  No

If no, what is the consumer's full name?

\_\_\_\_\_

What is your relationship to the consumer?

Parent  Child  Sibling

Partner  Legal representative

Other: \_\_\_\_\_

Are you hearing impaired and require assistance?

Yes  No

Are you visually impaired and require assistance?

Yes  No

Do you require an interpreter?

Yes  No

If yes, please specify language:

\_\_\_\_\_

### Feedback details

Please provide details of the service you are providing feedback on.

Inpatient service  Community service

Compliment  Complaint  Suggestion

Service name: \_\_\_\_\_

Location: \_\_\_\_\_

## Metro South Addiction and Mental Health Services

### Contact us

#### Address

PO Box 6046  
Upper Mt Gravatt Qld 4122

#### Telephone

(07) 3156 9805

#### Fax

(07) 3069 4681

#### Email

ed\_mhsmetrosouth@health.qld.gov.au

#### Website

[www.health.qld.gov.au/metrosouthmentalhealth](http://www.health.qld.gov.au/metrosouthmentalhealth)

## Metro South Addiction and Mental Health Services

# What is your opinion of our service?



Phone: (07) 3156 9805

Fax: (07) 3069 4681

Email: [ed\\_mhsmetrosouth@health.qld.gov.au](mailto:ed_mhsmetrosouth@health.qld.gov.au)

