

You may remain anonymous when filling out this form, however if you would like us to respond to you regarding your feedback, please provide your details below:

- No thanks – I just wanted to let you know my feedback.
- Yes – I would like a response, my details are below.

Name:

Address:

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Phone:

Return this form by folding and placing in the suggestion box in reception at CYPMH or post to:

Research Officer
Children & Young People's Mental Health
Suite 1, Level 2, Gateway Centre
Reply Paid 361
GOSFORD NSW 2250

Office use only

Date received:

Feedback acknowledged:

Date & Details:

Feedback forwarded to:

Date & Details:

Feedback resolved:

Date & Details:

Date Closed:



Children & Young People's Mental Health
Suite 1, Level 2, Gateway Centre
237 Mann Street
Gosford, NSW 2250



Promotion, Prevention and Early Intervention



Children and Young People's Mental Health

COMPLIMENTS
COMMENTS
SUGGESTIONS
COMPLAINTS

Got something to say about CYPMH?
We want to hear about it!



WHAT DO I DO?

1. Write your comments in the feedback section.
2. If you would like a personal response, fill in your contact details in the space provided.
3. Return this form by folding and placing in the suggestion box.

Making a complaint will not disadvantage you or any young person.

WHAT HAPPENS NEXT?

If you have made a complaint, comment or suggestion, your feedback will be reviewed by a senior manager and may be acted on by them or by the coordinator of the specific program.

If you are not happy with our action in response to a complaint, you have the right to raise the issue with the:

Director
Children & Young People's Mental Health
Suite 1, Level 2, Gateway Centre
237 Mann Street
Gosford, NSW 2250

If you are still unhappy with how your complaint has been managed, you may contact:

Health Care Complaints Commission
Locked Bag 18
Strawberry Hills NSW 2012

HAVE YOUR SAY

Feedback Form

Date:

- Are you:
- a young person who uses the services of Children & Young People's Mental Health (CYPMH)
 - a family member or friend of a young person who uses CYPMH
 - a staff member on behalf of any anonymous young person or family member
 - an external service provider
 - other (please specify):

Do you have a Compliment Comment Suggestion Complaint

Which part of CYPMH is your feedback about?

- Reception
- Services provided by CYPMH worker
- Services provided by Doctor
- Group Program
- Not sure
- Other (please specify)

What would you like to tell us?

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Do you have any suggestions about how this issue could be addressed or resolved?

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