



Here For You Confidential Alcohol, Drug and Mental Health Support Line

Compliments & Complaints Form Our service is committed to meeting your needs and providing high quality support. We value your feedback - including complaints. Please let us know what we do well and where we can improve our service. Please indicate if this is a: Compliment ☐ Complaint **SECTION 1: Personal Details** Name: Email: Phone: Do you identify as Aboriginal and/or Torres Strait Islander? ☐ No Yes, Torres Strait Islander ☐ Yes, Aboriginal Yes, both Aboriginal and Torres Strait Islander Country of birth: ☐ No ☐ Yes - Language: Interpreter needed: **SECTION 2: Details of Compliment or Complaint** Date of Occurrence: __ Summary of Compliment or Complaint:

What would you like to happen as a result of this compliment or complaint?
Trial freshe year into to happen do a recail of this compliment of complaint.
Thank you for taking the time to provide this feedback.
Foodback can be submitted to the ADCS Coordinates Martal Health Commission
Feedback can be submitted to the ADSS Coordinator, Mental Health Commission Email: hereforyou@mhc.wa.gov.au
Fax: 08 9442 5020
Post: GPO Box X2299 Perth Business Centre WA 6847
Would you like us to contact you in response? No Yes - We will contact you within 3 business days
viound you like as to contact you in response: This These will contact you within 3 business day.