

Further Information

Feedback is used to improve the service we provide. Please see the flow chart below for the **MOST EFFICIENT** and **EFFECTIVE** ways in which you can raise any concerns, complaints, comments or compliments;

Firstly, raise your concerns and provide feedback to your Nurse, Case Manager or Peer Worker. This way, we can assist you to achieve a prompt response and possible solution to your concern.

If your concern is not resolved, please fill in the opposite side of this form for a written response. * **Please note**; this may take time as there are several administrative processes to go through before a response is provided.

At ANY TIME if you feel that your voice is not being heard, please feel free to contact the services mentioned below;

- Independent Mental Health Advocacy
PH: 1300 947 820
- Mental Health Complaints
Commissioner
PH: 1800 246 054
- Office of the Public Advocate -
Community Visitors Program
PH: 1300 309 337
- Second Psychiatric Opinion Service
PH: 1300 503 426
- Tandem - Carer Advocacy
PH: 8803 5501
- Victorian Mental Illness Awareness
Council
PH: 9380 3900

How can I have a voice in my Health Service?

- Customer Relations Manager
Telephone 9784 7298
- Voice any concerns
- Send In a suggestion
- Tell us if your pleased with your care
- Become a volunteer
- Join Mental Health Community
Advisory Group (MH CAG)
- Return this form to: Peninsula Health
Mental Health Service at PO Box 52,
Frankston 3199.

Thank you for taking the time to assist us to improve our service.

Disclaimer: The information contained in this brochure is intended to support not replace discussion with your doctor or health care professionals.

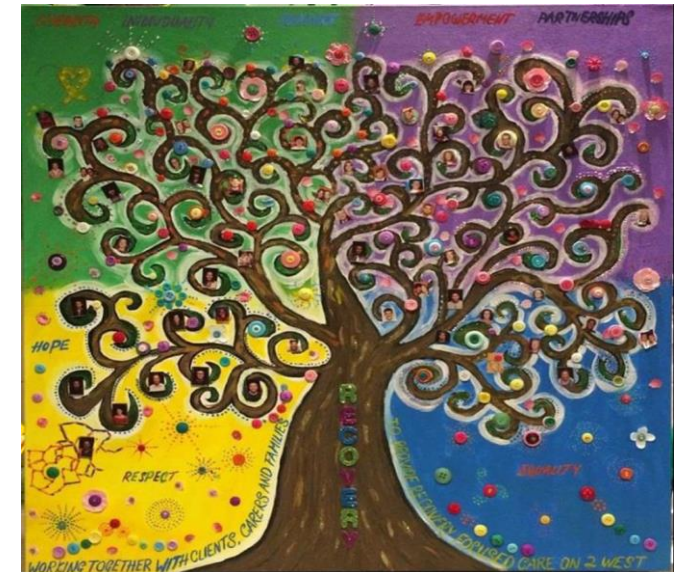
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Authorising Department: Mental Health

Peninsula Health
PO Box 52
Frankston Victoria 3199
Telephone (03) 9784 7777
www.peninsulahealth.org.au



Feedback Form

Peninsula Health
Mental Health Service



Peninsula Health Mental Health Service welcomes compliments, comments, complaints or concerns

I have a:

- Concern
- Complaint
- Comment
- Compliment

That I would like to share.

The area of service I am commenting on is:

Inpatient Unit:

- 1 West (Aged Persons)
- 2 West (Adult)
- PAPU

Community Team:

- Frankston Adult Community Mental Health
- Mornington Adult Community Mental Health
- Aged Person Community Mental Health
- Youth Community Mental Health

Residential:

- APARC (Adult)
- YPARC (Youth)
- CCU

Other:

Please provide details:

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Complete this section if you would like to be contacted.

Please note the completion of this section is optional. This form will be treated in a confidential manner.

Name:

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Address:

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Suburb:

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Telephone/ Mobile Number:

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Date:

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