

FEEDBACK FORM

YOUR DETAILS (OPTIONAL)

Full Name: _____
Address: _____
_____ Postcode: _____
Telephone: _____
Email Address: _____
Date of feedback: ____/____/_____

DETAILS OF THE FEEDBACK/COMPLIMENT/SUGGESTION

Which service did you use?

What would you like to tell us about?

Would you like a response to your feedback? Yes No

ONCE COMPLETED PLEASE POST TO:

Privacy Officer **OR:** Fax (08) 9427 7119
HelpingMinds **OR:** Email: privacy@helpingminds.org.au
182 Lord Street
Perth WA 6000