



**MENTAL HEALTH & ADDICTION SERVICE COMPLAINTS FORM**

**Client Name**.....

**Name of the Person Making the Complaint** (*if not the client*)  
.....

**Relationship to the Client** .....

**Contact Address**  
.....  
.....

**Phone** (home) .....(work).....(mobile).....

**Is it OK to ring you at the above number/s to discuss your concerns ?** Yes No

**Name of Person/s AND / OR Service/s you want to complain about**  
.....  
.....

**Date This Happened:**.....

**Describe What Happened** (attach extra pages if needed)  
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**Desired Outcome** (what you want to happen as a result of this complaint)  
.....  
.....  
.....  
.....

**Signature**.....

**PLEASE SEND COMPLETED FORM TO:**  
**Chris Sorensen, Quality & Risk Manager**  
**Mental Health & Addictions Service, Taranaki District Health Board**  
**Private Bag 2016**  
**New Plymouth 4310**

**MENTAL HEALTH & ADDICTION SERVICE BOUQUETS FORM**

TELL US WHAT WENT WELL FOR YOU WHILST ACCESSING OUR SERVICES.....,

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NAME/S OF STAFF MEMBERS / DEPARTMENT INVOLVED

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SIGNED: .....

DATE.....

CONTACT PHONE NUMBER AND / OR ADDRESS IF YOU WISH TO RECEIVE A RESPONSE

.....

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 Quality & Risk Manager  
 Mental Health & Addictions Service  
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 Private Bag 2016  
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