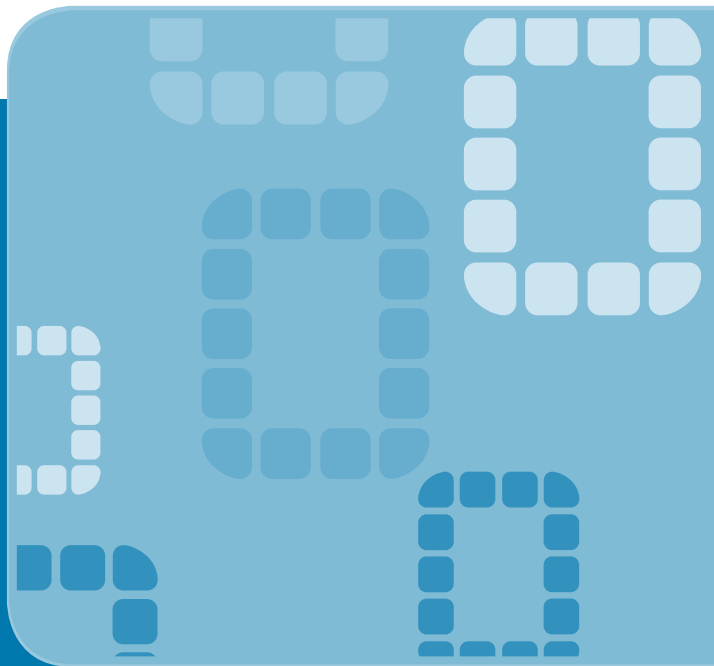




Customer Feedback Form

What do we do well?

What could we do better?



Please place the completed forms in the suggestion boxes provided, or post to:

Family Advocacy and Support Service
Child and Adolescent Health Service
GPO Box D184
PERTH WA 6840

Optional: If you would like feedback, please leave your name and contact details.

Name: _____

Child's name (if relevant): _____

Address: _____

Telephone: _____

Compiled by: Family Advocacy and Support Service

Email: pmhfass@health.wa.gov.au

Website: <http://cahs.health.wa.gov.au>

Produced by: Child and Adolescent Health Service

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This information is available in
alternative formats upon request
Please contact the Family Advocacy
and Support Service on (08) 9340 7198



CHILD AND ADOLESCENT HEALTH SERVICE

Roberts Road, Subiaco WA 6008

Telephone: (08) 9340 8222



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