

**Mental Health Service User Feedback**

**Please complete and email this form to: kay@speakupcic.co.uk**

**Is this about you or somebody else?**

**Is this feedback…** (Please tick) **Positive Mixed Negative Neutral**

**When did this happen (approximate time scan)?**

**Where did this happen, what services were involved?**

**What happened?**

**Are you happy for this to be anonymously recorded to help build a better picture of services? YES/NO**

**Do you want any additional support (advice/signposting/someone to contact you to take the matter forward)?**

**If so, please provide contact details (phone/email) NB: Your details will be kept confidential**

**Postcode (first part)**

**We want to make sure your story drives positive change for everyone. To do that we need your permission. Are you happy for us to:**

**Record your story and share anonymously with decision makers so they can hear your voice. YES/NO**

**Share your story with other organisations/providers who are also working to improve services in Kent and Medway. YES/NO**