



## Feedback – Midland Mental Health and Addiction Needs Assessment Report

*The Midland Region MH&A team would appreciate your feedback on the draft copy of the Midland Mental Health and Addiction Needs Assessment Report*

Name: ..... Email address: .....

**1. Is there anything within the report that needs clarification?**

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**2. Is there anything within the report that needs correcting or amending?**

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**3. Is there anything within the report that needs to be removed?**

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**4. Any other comments?**

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**Thank you for completing this feedback form. Your feedback will assist us to ensuring that this report meets our reporting standards for the Midland Region...**

**Please return your feedback sheet by :**

**Akatu Marsters - [Akatu.Marsters@lakesdhb.govt.nz](mailto:Akatu.Marsters@lakesdhb.govt.nz) or Fax: 07 349 7868**