

## My Name

The person I trust you to contact

Name

Number

Photo



What people **appreciate**  
about me

What is **important** to me –  
my dreams

The **most important**  
**people** in my life

If **this** happens

These are **words** I use

**Do this and talk to**

**This is what I mean by  
these words**

Who I **trust**

Do **NOT** talk to

These things **work well** for me

These things **do not work well** for me

How I **make decisions**

Who **helps me** make decisions

**Other good information** to know about me e.g my health needs



**Call us** on 8226 8666  
**Country calls**  
1800 232 007—no  
mobile access  
National Relay Service, call  
133 677



**Email us at:** in-  
fo@hcsc.sa.gov.au



**Write to us at:**  
HCSCC  
PO Box 199  
Rundle Mall SA 5000



**Website:** You can fill out a com-  
plaint form at

[http://www.hcsc.sa.gov.au/  
online-complaint-form/](http://www.hcsc.sa.gov.au/online-complaint-form/)

On the Home page of the HCSCC  
is a box with writing that says  
HOW TO LODGE A COMPLAINT  
ONLINE – click that box

**If you are not  
happy about  
how you are  
being treated  
by a health or  
community  
service**

**The Health &  
Community  
Services**

**Complaints**

**Commissioner**

**wants to hear  
your story**

