



**Tri-City Mental Health Services
Mental Health Services Act (MHSA)**

MHSA Stakeholder Feedback Form

30 Day Public Comment

April 14, 2017 – May 13, 2017

FA 909.326.4690

Personal Information (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email: _____

Mailing address: _____

My Role in the Mental Health Community:

- Consumer/Client Family Member Probation Education
 Service Provider Social Services Law Enforcement Faith-Based
 Other: _____

What do you see as the strengths of this plan?

Please explain any concerns you may have:

Any additional comments you would like to share?

Please email any additional comments to: Rimmi Hundal, MHSA Director rhundal@tricitymhs.org