



Innovation Project

Restorative Practices for Improving
Mental Health (RPIMH)

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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 document?

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