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| Enquiries to: | Click here to enter name. |
|  | Click here to enter title. |
|  | Click here to enter unit or branch. |
| Telephone: | Click here to enter telephone number. |
| File Ref: | Click here to enter reference (for example, C-ECTF number). |

Ms Annette McMullan

President

Mental Health Review Tribunal

PO Box 15818

CITY EAST BRISBANE QLD 4002

Email: [enquiry@mhrt.qld.gov.au](mailto:enquiry@mhrt.qld.gov.au)

Dear Ms McMullan,

**RE: Click here to enter the patient’s name and date of birth.**

**Click here to enter the review type (for example, Forensic order (disability) 2nd and subsequent periodic review. – *Mental Health Act 2016***

I refer to the Tribunal’s decision on Click to enter a date. in which the Tribunal Click here to enter the decision made by the Tribunal (for example, confirmed the treatment authority). for Click here to enter the patient’s name and date of birth..

I respectfully request, under section 756 of the *Mental Health Act 2016*, that the Tribunal provide written reasons for the decision.

Yours sincerely

Click here to enter the Administrator’s name.

# Administrator

# Click here to choose an AMHS. Authorised Mental Health Service

Click to enter a date.