



## FEEDBACK FORM

### INDIVIDUAL INFORMATION

Name:

Address:

Tel:

### FEEDBACK INFORMATION

Statement of facts detailing the feedback:

Name of employee involved: \_\_\_\_\_

Describe what actions can be taken to deal effectively with your feedback:

\_\_\_\_\_  
Signature of the Service User

\_\_\_\_\_  
Date:

Please provide contact information of the person helping you complete the Feedback Form

Name:

Telephone:

Organization if applicable:

#### OFFICE USE ONLY:

Response provided: Yes  No

Feedback Complaint Stage: (1) (2) (3)

Outcome:

c.c.: Executive Director