



Service Feedback Form: *Tell us how we're doing!*

We are continually seeking input from our community and in particular those who have used our services. We encourage your feedback to help our mental health centre promote and enhance the mental, emotional, and physical wellbeing of our community.

Instructions:

1. Have you shared your feedback with the department/program first? If not, we encourage you to do so. Speak to the staff first, then the program manager if necessary.
2. If you are not comfortable giving feedback to the department/program **OR**
3. If you have already shared your feedback with the department/program but are not satisfied with the results;
4. **Please complete this form and submit to Privacy Officer:**

Mail: Canadian Mental Health Association Corporate Services, 3 rd Floor 60 Bond Street West Oshawa, ON L1G1A5	Phone (905) 436-8760 ext. 104 Fax: (905) 436-8761 E-mail: servicefeedback@cmhadurham.org
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Date: _____

Please check the one that best applies; I am a...

- Client Family/Caregiver Substitute Decision Marker Community Partner/Agency Other

What type of feedback would you like to provide about our services?

- Inquiry/Question Compliment Suggestion Concern/Complaint

If your feedback is a concern or complaint regarding Canadian Mental Health Association Durham services, have you discussed your feedback with staff or a service provider?

- Yes No

Please describe your feedback:

What would you like to see happen as a result of giving your feedback?

If you would like someone to respond to you, please fill out the following:

Name: _____ Program/Service: _____

Phone: _____ Can a message be left at this number? Yes No

(If Applicable) This form has been completed with the assistance of:

- CMHA Durham Staff: _____ Family/Caregiver
 Another Service Provider: _____ 3rd Party

For staff use only: Date Received: _____	Received By: _____
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