



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

At CMHA Durham, 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.

We are committed to responding to and resolving your complaints in a timely and constructive manner, in a way that benefits you and helps us improve the quality of our services. Please be assured that making a complaint will not have any negative consequences on the services that you receive from CMHA Durham.

If you have a compliment:

- You can express it directly to the person involved, or you can put it in writing below.

If you have a complaint:

- If you have a complaint, you are encouraged to speak with the staff involved in your care. This Service Feedback Form should be used when possible to document your complaint. When a complaint is received by the program staff member an attempt will be made to resolve the complaint immediately if possible.
- If you require help completing this form, please ask a staff member as they will be happy to assist. CMHA Durham also accepts feedback and complaints from a family member or a client advocate in appropriate circumstances. When someone complains on behalf of the client, CMHA Durham will need to ensure the client has given consent to their information being shared for the purposes of investigation and resolution of the complaint.
- If you are not comfortable giving feedback to the program or you have already shared your feedback but are not satisfied with the results, please complete and submit this form to the Privacy & Complaints Resolution Officer: servicefeedback@cmhadurham.org or by calling 905 436-8760 ext. 304. We are available to listen and walk you through the process of making a complaint and or and connect you with the appropriate person if appropriate.

What support can I get when I have a complaint:

- Every effort will be made to resolve your complaint.
- An honest and open discussion and response to all feedback provided.
- We will explore all possibilities to resolve the complaint positively.

Confidentiality:

- Information received from a complainant and/or other(s) advocating on their behalf will remain confidential and be communicated only to those people who need to know. Specific personal health information will be anonymized where appropriate.

Please take time to fill out this form and let us know how we are doing, If you have a complaint or a concern and would like us to respond to you, be sure to fill out your name and contact information so that we can get in touch with you. If you require assistance filling out this form, anyone from the program would be pleased to help you.

Name: _____ Program/Service: _____

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

Email: _____

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

Compliment Suggestion/Inquiry Complaint

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

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

Please describe your feedback:

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

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