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### PROVIDE US YOUR FEEDBACK

#### **Part 1**

**Your Feedback**

**Please ask a worker to help you fill out this form if needed. Any C.M.H.A. H.K.P.R. worker can help you, and they will ensure that your feedback is directed to the right Manager. We will follow up with you within 5 business days of receiving the feedback.**

**Your name:**

**Your pronouns (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your worker’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like the feedback to go to your worker or their manager?**

**To your worker  To their manager**

**Are you a client of C.M.H.A. H.K.P.R., a family member, or other?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How can we reach you? Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Your feedback:**

1. Please provide details of your feedback. Include what has happened, and what you think should happen now. Attach a separate sheet if needed.
2. Please describe if anyone has already tried to help you with this. Attach a separate sheet if needed.

Your Name Manager’s Name

Your signature Signature of Manager

Date Date

##### Part 2: Internal Use Only

**Where is this feedback directed? Who has received it? ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by a person exploring the feedback.**

1. What has been done to date?

###### 2. Is the matter resolved? Yes No

If “Yes”, then summarize the agreed-upon solution to the matter. Ensure you have completed the feedback Log:

If “No”, forward the feedback with an explanation as to why it has not been resolved to the appropriate Director of Programs and Services (or alternative Director), who will review the information and provide follow-up within 20 business days.

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Manager signature Director of Programs and Services/Director signature

Date Date