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**ACCESSIBILITY**

**CLIENT/CONSUMER FEEDBACK FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Name of the Client/Consumer | | | | | | | |
| Address | | | | | City | | |
| Province | Postal Code | | Phone | | Fax (optional) | | |
| E-mail | | | | | | | |
| Complaint: | | | | | | | |
| **FOR INTERNAL USE ONLY** | | | | | | | |
| Complaint taken by: (Employee Name) | | | | Date Complaint Received: | | | |
| Program/Service: (List the programs or services that the complaint was about.) | | | | | | | |
| Complaint Causes: (Describe the causes of the complaint and how the client/consumer was affected.) | | | | | | | |
| Corrective Action: (Describe the action that was taken to satisfy the client/consumer.) | | | | | | | |
| Has the resolution been communicated to the client/consumer? 🗆 Yes 🗆 No | | | | | | | |
| If no, provide reason: | | | | | | | |
| If no, indicate date client/consumer will be informed of the resolution. | | | | | | | Date: |
| How will the problem be avoided in the future? | | | | | | | |
| Date Complaint Closed: | | Date Complaint Reviewed by Manager: | | | | Date Complaint Entered Into Spreadsheet: | |

**Form to be returned to the Director of Branch Services**

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