

FEEDBACK FORM

*First Name: _____ *Last Name: _____

*Phone #: _____ Email: _____

Address: _____

***Are you initiating this feedback process on your own behalf, or on behalf of someone else?**

On my own behalf On behalf of someone else *(you acknowledge that you have received their consent)*

If the feedback is being initiated on behalf of someone else please provide their full name:

Is this a Complaint* General comment Feedback Compliments

*** If this is a complaint, have you tried to resolve the issue?**

Yes - With whom & when? _____ No _____

***Please describe your feedback, compliment, complaint or general comments.** *(attach additional pages if necessary)*

Please provide as much detail as possible; e.g. date, location, name of staff/volunteer (if known),

If this is a complaint, please provide recommendations for resolution.

*Signature: _____

*Date: _____

*** Required Information for a complaint****Please submit the form in one of the following ways:**

By Mail: Indus Community Services, 3038 Hurontario St., Suite 206, Mississauga, ON, L5B 3B9

By Email: feedback@induscs.ca

Via the Feedback Boxes located in the reception area at each of our sites

OFFICE USE ONLY - Follow-up / Resolution: Attach copies of all correspondence.