



FEEDBACK, GRIEVANCE AND SUGGESTIONS

Your Own Care works welcomes external feedback from its stakeholders including (but not limited to) participants, families of participants, supports to participants, employees, members of the public, government agencies and other service providers.

This extends to feedback and suggestions that are either positive or negative, so we can understand the needs of our community, as well as understand what we are doing well and what we are not doing so well with.

We know that we don't have expertise on every subject. Our stakeholders have valuable experience in delivering services and can offer insights into what works best.

Stakeholders share their expertise to help us deliver high quality policies, programs and services.

We appreciate your views and involvement and welcome your input to ensuring our high standard of care is maintained.

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred Contact Method and time to call : _____

Nature of Feedback and / or Complaint:

Action Plan (Desired Outcome and / or Resolution):



Signed: _____

Relationship to Your Own Care: _____

Date: _____

Office Use only:

Received (Date): _____

Name and Title: _____

Signature: _____

Course of Action:

Incident

Complaint

Policy Review

Other

Details if Other:

Other Notes:
