

Community Living-Central Huron
 Survey for People Supported
Regarding the Process of Complaint/Feedback

To be completed by individuals supported who made a complaint or provided feedback about Community Living-Central Huron, its policies, procedures, staff and volunteers.

1. When, how and to whom did you make a complaint/provide feedback?

Date Complaint/Feedback made: _____

Who did you report the complaint/feedback to? _____

How did you make your complaint/provide feedback, check all that apply.

- In Person/verbal Written, letter or email Written, Complaint/Feedback Form
 Telephone or Text Message Other - specify _____

2. Check off the boxes that apply to your experience about the process when you made the complaint or provided feedback.

	Yes	No	Comments
▶ The process was easy.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ It made me nervous.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ Staff were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ The Agency understood what I was saying.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I felt I was being blamed, at fault.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I felt comfortable with the process (and would do it again if I needed to).	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I was updated on the process and decisions regarding my complaint/feedback	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I felt I was treated fairly and with respect.	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Did someone help you complete this survey, please list the name if you want to tell us.
 Name of person who helped me: _____

5. Other Comments:

 Signature of Person Supported

 Date

Copy to: Executive Director.
 Relevant Coordinator.
 Relevant Supervisor.

Reference to Complaint/Feedback # _____