

# CMHA Simcoe County Feedback

## We want to hear from you!

Please take the time to fill out this form and let us know what you think of our services.

If you require assistance in filling out this form, anyone from your program would be pleased to help you.

You are not required to include your name and contact information; however, this information is necessary if you would like someone to follow up with you.

In some cases, we may need to share your identity with those involved in order to address concerns.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**CMHA Worker:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**I would like to make a:**  Compliment  Concern  Suggestion

**I have already shared my thoughts with:**  Program Director  Program Manager  
 Program Staff  None of the above

Here is what I would like to say:

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**I would like someone to follow up with me on my feedback:**  Yes  No

**Thank you for taking the time to provide us with your feedback. When you have filled in this form, you can:**

- Give it to your worker or their manager
- Give it to our Agency Quality and Risk Management Lead
- Give it to the receptionist
- Mail it to the address below:

**Address:**

**CMHA Quality and Risk Management Lead**  
128 Anne Street, Barrie, Ontario L4N 6A2