

Lifeskills Plus Inc.

Purpose – to enable clients and families to provide feedback about Lifeskills Plus and their services in a timely manner
Procedure – staff to take a copy of this form with them when providing client care and should client/families wish to make changes/give compliments or raise concerns regarding Lifeskills Plus and its services staff to assist as required persons to complete this form. Staff to bring back to office within 24 hours. Admin staff will notify clients upon receipt of form.

FEEDBACK FORM

C9.1

Date __/__/20__

Person giving feedback _____

Staff member receiving feedback form _____

Issue/s

Comments or Changes requested

Signed _____

Office Use Only:
Received by _____ Date _____
Action taken _____
