

Feedback, Suggestions or Complaints about our services are appreciated and are taken seriously and treated confidentially.

Participant's Name	
Address	
Contact Number	
Person submitting	
Relationship to the participant	
Date complaints made	
Program	

Is an interpreter required? No___Yes___ preferred language? _____

Details of feedback or complaint:

1. What happened

2. Outcomes: what outcome would you like?

For Office use only
BLOOM CARE to detail immediate action taken:

Resolved? Yes _____ No _____

Feedback to service user? Yes _____ No _____

Entered Database? Yes _____ No _____

Signature: _____

Date: _____

Name: _____

Position: _____