



PONOKA FAMILY & COMMUNITY SUPPORT SERVICES

COMPLIMENTS & CONCERNS

Client Name: _____ **Date:** _____ **Contact phone #** _____

Person's name with concern or compliment, if not client _____

Information received from:

- A client A friend of a client FCSS staff member
- A family member of a client A member of the public

Type of Feedback

- Compliment for staff or volunteers
- Suggestion to improve services
- Concern about care/program

Comment

Please attach additional pages if comments cannot be completed on this form.

Name of person who completed above info: _____ **Date** _____

Action taken

Name of staff who completed "Action Taken" _____

Date of form completion: _____