



# Customer Service Feedback Form

Date:

Community Living Association for South Simcoe (CLASS) is committed to providing the best possible supports that are readily accessible to you and /or your family member: Your feedback is an important part of our commitment to continuous quality improvement. Please take a few minutes to complete this survey and return it to: Lara Macdonald, Director of Human Resources laramacdonald@class.on.ca or deliver to: 233 Church St S Alliston, ON L9R 2B7.

**Please place a check mark beside the Service Area(s) with which you have had contact.**

Accommodation	Employment Services	Respite Services
Reception	Family Support	Administration/Finance
Community Access	Person Centered Planning	

Please indicate if you are a: service user / family member / other: \_\_\_\_\_

Please circle the response which best described your experiences with Community Living Association for South Simcoe:

1. I feel comfortable and welcomed when visiting any service provided by CLASS.

Very Happy



Happy



Unhappy



2. My family is involved in my life as much as I like/I am encouraged to be involved with my family members.

Very Happy



Happy



Unhappy



3. I am encouraged to make/participate in making choices and decisions that affect me/my family members.

Very Happy



Happy



Unhappy



4. Where there are problems/concerns, I or my family am/are consulted and any input is valued.

Very Happy



Happy



Unhappy



5. I am satisfied with the amount of support I/my family members receive to feel safe and have the best possible health.

Very Happy

Happy

Unhappy



6. My/my family member's self esteem, feelings and development are priorities to my/his/her support staff.

Very Happy

Happy

Unhappy



7. I feel that necessary adaptations and/or modifications are in place so that I/my family members have/has full access to all areas where services are provided. Information regarding services is available to me in an understandable manner.

Very Happy

Happy

Doesn't Apply



8. I am aware of the process to express any complaint or concern.

Agree

Disagree



9. I know that I/my family members have/has Rights and if they are taken away, I can ask for a meeting with the Rights Review Committee.

Agree

Disagree

Doesn't Apply



10. CLASS is making a substantial effort to educate and support the community to accept me/my family member as a valued citizen.

Agree

Disagree

Doesn't Apply



Please use the space below to provide any additional feedback:

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Please feel free to provide your name and contact information if you would like to speak to or meet with a representative of CLASS. Otherwise, your feedback is anonymous.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_