

## **Service Feedback Form**

As part of our ongoing work to improve our services, we welcome feedback from program participants and families about their experience with Camino Wellbeing + Mental Health.

You are welcome to share feedback anonymously or provide your contact information if you would like someone to reach out for follow up. We aim to reply to feedback/complaints within seven business days as per our Service Concerns and Complaints Policy.

## Completed forms may be handed in at any of our locations, or emailed to quality@caminowellbeing.ca

When providing feedback, please provide as much detail as possible.

Please provi	de your contact info	rmation below:	
Name:			
□I prefer to	remain anonymous		
How would	you like to be conta	cted?	
Email:			
Phone Numb	oer:		_
Preferred me	thod of contact, selec	t all that apply.	
□Email	□Text Message	□Phone Call	☐Permission to leave voicemail
□I prefer no	t to be contacted		
	nguage:services available upoi		

Please describe your experience with Camino Wellbeing + Mental Health in the space provided below:
When did you have this experience with Camino?
Which Camino service were you using at the time?
If you are sharing a complaint, what would you like to see done to resolve this?
Is there anything else you wish to add?