



This is a client feedback form to be completed by clients, family members, legal advocates and people informally supporting a client. Call 911 if your health or safety or that of another person is in imminent danger.

Date YYYY/MM/DD
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My name is: \_\_\_\_\_

OR  I would like to submit my feedback anonymously. (Note: If you choose to submit this feedback anonymously, you will not be able to personally receive information on how this feedback has been actioned.)

I am reporting a (check one):  Complaint  Compliment  Suggestion

I am reporting this on behalf of:

Myself  A clinic patient  Other (specify): \_\_\_\_\_

Provide some details about your feedback. Include the date and location if you are providing feedback specific to one incident. Include the names of any staff (if known and if applicable).

Would you like to be contacted by the Clinic Manager?

No

Yes. Please communicate with me (check all that apply):

In person/verbally (provide the best phone number and time of day to reach you):

\_\_\_\_\_

In writing (provide your e-mail or mailing address):

\_\_\_\_\_

We value your perspective. Your feedback contributes to the value and quality of the services provided at the Centre de Santé Constellation Health Centre. If you have asked us to contact you, you can expect to be contacted within ten business days.

You can submit this form at the Centre de Santé Constellation Health Centre or you can use the confidential feedback box located at the Centre de Santé Constellation Health Centre entrance. Visit [yukon.ca](http://yukon.ca) for hours of operation and contact information.

You can also:

- Email this form to: [constellation@yukon.ca](mailto:constellation@yukon.ca) Attn: Clinic Manager
- Phone the Clinic Manager to provide your feedback directly