

# How are we doing?



We are committed to providing safe, high quality programs and services.  
Your feedback (compliments, complaints and suggestions) helps us improve.

**For most feedback, the first step is to talk with your provider directly.  
If you are making a complaint, tell them what you felt was wrong and  
what you would like to happen.**



## You can also use this form to submit your feedback to Sherbourne Health Centre management if:

- You don't want to give feedback to your provider;
- You talked to your provider and were not satisfied; or
- You don't know who to give your feedback to.

You do not have to give your name, but if you don't, we won't be able to get back to you. We treat your feedback **confidentially**, to the fullest extent possible under the law.

## Types of Feedback

These are examples of things you may give feedback about:

- You feel your experience at SHC was:  
Not of high quality; Not safe; Not consistent with our values, or the Client Rights Statement;
- Your provider contravened a professional practice standard;
- Concerns about our fundraising
- Privacy Complaints
- Problems with accessibility
- Anything else about our Centre

## How to give feedback

- Fill out the other side of this form. Use an extra sheet if necessary.
- Drop your form into the Suggestion Boxes throughout the Centre or mail it, marked 'Confidential' to:

Director, Corporate Communications, Sherbourne Health Centre,  
333 Sherbourne Street, Toronto, M5A 2S5

- Suggestion boxes are checked weekly.

## What we do with your feedback

All feedback is sent to the corporate communications department (which is similar to what some health centres or hospitals call *Patient Relations*), who will direct it to the right person or department. Depending on the feedback, they may organize a meeting or investigation.

Compliments and Suggestions are shared with the people, teams, or departments involved for staff recognition and quality improvement (unless you request otherwise).

For complaints we will:

- Acknowledge your complaint;
- Contact you if we need more information to understand, or resolve your complaint;
- Let you know when your complaint is resolved;
- Use your complaint (without identifying you) for reporting and learning purposes, where appropriate.

# Feedback Form

Name (Optional):

Home Phone Number (Optional):

Work Phone Number (Optional):

Date:

Compliment

Suggestion

Complaint

Tell us what you liked, or didn't like about the service you received at SHC:

(Attach another sheet if necessary.)

What would have made your experience better?

May we contact you using the details you have provided above? Yes  No

(This lets us get in touch with you to help us understand your feedback, and to let you know what we do about your comments.)

