

OPEN to your feedback



sherbourne HEALTH

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 give your feedback to Sherbourne's 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:

- The quality and safety of your experience at Sherbourne
- If your experience was consistent with our values and the Client Rights Statement
- Your health care provider's professionalism
- Our fundraising activities
- Privacy concerns
- Accessibility
- Anything else about our Centre

HOW TO GIVE FEEDBACK

- Fill out the other side of the form. Use an extra sheet if necessary.
- Drop your form into the Suggestion Boxes located throughout the Centre or mail it, marked 'Confidential' to:
**Director, Corporate Affairs,
Sherbourne Health,
333 Sherbourne Street,
Toronto, Ontario, M5A 2S5**
- Suggestion boxes are checked twice each week



WHAT WE DO WITH YOUR FEEDBACK

All feedback is sent to the Corporate Affairs 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 people, teams, or committees involved for staff recognition and quality improvement (unless otherwise requested)

For complaints we will:

- Acknowledge we have received 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, learning, and accountability purposes where appropriate.
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feedback form



sherbourne HEALTH

Date: _____

Name (Optional): _____

Phone (Optional): _____

Service that your feedback is about: _____

Compliment Suggestion Complaint

Tell us what you liked, or didn't like about the service you received at Sherbourne:
(Attach another sheet if needed.)

What would have made your experience better?

May we contact you using the details that you have provided above? Yes No
(This helps us to understand your feedback and let you know what we will do with your feedback.)