



## WE WANT TO HEAR FROM YOU!

### **At CMHA Lambton Kent client care is our top priority.**

We are committed to providing you, our clients, with the highest quality services and supports so that you can:

- Live in the community, in clean, safe, affordable accommodation
- Work in the community, in paid employment or volunteer activities
- Belong in the community, as engaged, valued and contributing members

### **At CMHA Lambton Kent we welcome your feedback on our programs and services.**

We want to hear about what we are doing well, and we want to hear where we can improve. Here is how you can provide us with your feedback:

#### **If you have a compliment:**

- You can express it directly to the person involved, or you can put it in writing
- You can express it directly to that person's Manager, or you can put it in writing

#### **If you have a concern:**

- You can express it directly to the person involved or you can put it in writing
- If you are not comfortable going directly to the person involved, you can express your concern to the person's Manager or to our Privacy Officer
- If you would like, you can have someone else submit your feedback such as a friend or a family member

#### **What support can I get when I have a concern?**

- A manager is available to listen to your concern and connect you with the appropriate person.

**Once a concern is received** every effort will be made to resolve your concern by the person involved and/or their Manager. We are committed to resolving any outstanding concerns within 30 business days in a way that benefits you and helps us improve the quality of our services. Please be assured that notifying us of your concern will not have any negative consequences on the services that you receive from CMHA Lambton Kent.



## WE WANT YOUR FEEDBACK

We want to hear from you! Please take the time to fill out this form and let us know what you think of our services. If you have a concern and would like us to respond to you, be sure to fill out your name and contact information so that we can get in touch with you. If you require assistance in filling out this form, staff will be happy to assist you.

Name:	Date:
Email Address:	Phone Number:

I would like to make a:    Compliment    Complaint    French Language Concern    Suggestion

Here is what I want to say:

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Thank you for taking the time to provide us with your feedback! When you have filled in this form, you can: either bring it to the Chatham or Sarnia office or mail to the addresses listed below.

240 Grand Ave. W., Suite 100, Chatham, ON N7L 1C1 Attn: Paula Reaume-Zimmer, Integrated VP, Mental Health & Addictions (Lambton Kent Branch – Chatham Site) 519-436-6100 Ext. 2278	210 Lochiel Street, Sarnia, ON N7T 4C7 Attn: Rhonny Doxtator, Director of Operations (Lambton Kent Branch – Sarnia Site) 519-337-5411 Ext. 3250
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