**BC CENTRE FOR ABILITY**

**COMPLIMENT or CONCERN**

The BC Centre for Ability welcomes and uses both informal and formal consumer feedback to monitor the quality of service delivery. Please use this form to record compliments or concerns about our programs and services. Please DO NOT IDENTIFY ANY STAFF MEMBERS BY NAME on this form.

If you have a formal complaint, please use our formal Complaint Resolution Process. If you need more information about this formal process, ask a staff member or contact a Director at 604-451-5511.

Name of person offering compliment or concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OPTIONAL)

Name of person completing this form (if other than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/service involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Compliment or Concern

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(Please check if:) I would like a follow-up phone call please.

My name is listed above and my phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this completed form will go to the program supervisor who will pass the information on to the Continuous Quality Improvement Committee after removing identifying information.

*Thank you for your input!*