



Feedback Form

Complaint
Compliment
Feedback

*First Name: _____ *Last Name: _____

*Phone #: _____ Email: _____

Address: _____

* Are you initiating this complaint/compliment/feedback on your behalf, or on behalf of someone else?

- On my own behalf On behalf of someone else

If the complaint/compliment/feedback is being initiated on behalf of someone else, please provide their full name:

*Date of event: _____

* What happened? Please be as specific as possible:

***Required information for a complaint**

Which CHATS staff were involved with the event?

When did you first report this to a CHATS staff member (Date): _____

To which staff member(s) have you shared your feedback?

What would you like to see happen as a result of this complaint/compliment/feedback?

Signature: _____

Date: _____

CHATS has a formal process for client and caregiver complaints and appeals, consistent with the requirements in the Home and Community Services Act (1994). Our process is designed to ensure that complaints and appeals can be brought forward in a way that is most comfortable and accessible for clients—verbally or in writing. Interpretation is also available for clients through a professional language interpretation service.

CHATS' regular process for complaints and appeals is outlined in the CHATS Folder that you received when admitted to services and includes a process of escalation that leads to a Case Conference with an Internal Service Review Committee.

This written form is provided for those clients and caregivers preferring to use a formal Feedback Form. Verbal feedback and letters continue to be welcomed.

Please submit the form one of the following ways:

By Mail: 240 Edwards St, Suite 1, Aurora, ON L4G 3S9

By email: seniorshelp@chats.on.ca

Via the feedback boxes located at each of our Adult Day Program Locations

***Required information for a complaint**