

**Community Living London
Customer Service Feedback Form**

Date: _____

Community Living London (CLL) is committed to providing the best possible supports that are readily accessible to you and/or your family member. Your feedback is an important part of our commitment to continuous quality improvement. Please take a few minutes to complete this survey and return it to: Manager of Person Centred Planning, Community Living London.

<i>Please place a check mark beside the Service Area(s) with which you have had contact.</i>		
Accommodation <input type="checkbox"/>	Employment Services <input type="checkbox"/>	Respite Services <input type="checkbox"/>
Children's Services <input type="checkbox"/>	Family Support <input type="checkbox"/>	Administration <input type="checkbox"/>
Community Access <input type="checkbox"/>	Person Centred Planning <input type="checkbox"/>	Reception <input type="checkbox"/>

Please indicate if you are: service user, family member, other: _____

Please circle the response which best describes your experiences with Community Living London:

1. I feel comfortable and welcomed when visiting any service provided by Community Living London.

Very Happy



Happy



Unhappy



2. My family is involved in my life as much as I like/I am encouraged to be involved with my family member.

Very Happy



Happy



Unhappy



3. I am encouraged to make/participate in making choices and decisions that affect me/my family member.

Very Happy



Happy



Unhappy



4. Where there are problems/concerns, I or my family am/are consulted and any input is valued.

Very Happy



Happy



Unhappy



5. I am satisfied with the amount of support I/my family member receive(s) to feel safe and have the best possible health.

Very Happy



Happy



Unhappy



6. My/My family member's self-esteem, feelings and development are priorities to my/his/her support staff.

Very Happy



Happy



Unhappy



7. I feel that necessary adaptations and/or modifications are in place so that I/my family member have/has full access to all areas where services are provided. Information regarding services is available to me in an understandable manner.

Very Happy



Happy



Doesn't Apply



8. I am aware of the process to express any complaint or concern.

Agree



Disagree



9. I know that I/my family member have/has Rights and if they are taken away, I can ask for a meeting with the Rights Review Committee.

Agree



Disagree



Doesn't Apply



10. CLL is making a substantial effort to educate and support the community to accept me/my family member as a valued citizen.

Agree



Disagree



Doesn't Apply



Please use the space below to provide any additional feedback:

Please feel free to provide your name and contact information if you would like to speak to or meet with a representative of CLL. Otherwise, your feedback is anonymous.

Name: _____ Phone Number: _____

You may also anonymously submit your feedback or comments through our website:
<http://www.cll.on.ca/index.php/feedback/>