

Langley Community Services Society

5339 207th Street, Langley, BC, V3A 2E6



CLIENT/ VOLUNTEER/ STUDENT FEEDBACK FORM

PROCEDURE

As our client/ volunteer/ student, we encourage you to let us know how we are doing. We want to hear when you are happy with our service. We also want to know when you are dissatisfied. LCSS prides itself on being an organization that constantly grows and adapts to the needs of our community. In order to ensure we are supporting you in the best possible manner we encourage you to provide us feedback.

In order to ensure your comfort in providing feedback LCSS has implemented a confidential process. Your feedback – either positive or negative – will be taken seriously and any action taken will not result in retaliation or a barrier to service. You can provide your feedback in several ways:

- ❖ You can give written or verbal feedback to any staff member. The staff member will take your comments to their Program Manager. If appropriate, the Program Manager will contact you to discuss your feedback within ten working days.
- ❖ If you feel uncomfortable speaking to a staff member about the issue, you may obtain the LCSS Feedback Form from our website (www.lcss.ca) or the Receptionist at the main office at 5339 207th Street. Once completed and returned to the main office, your feedback form will be given directly to the Program Manager. If appropriate, you will be contacted within ten working days to discuss your concerns.
- ❖ In the event that you feel the above procedures do not adequately resolve any concerns you may have, you may forward your comments to:
 - The Executive Director, Langley Community Services Society, 5339 – 207th St., Langley B.C. V3A 2E6. Telephone 604 534-7921.

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CLIENT/ VOLUNTEER/ STUDENT WRITTEN/VERBAL FEEDBACK FORM

Today's date: _____ Time: _____
Name of person providing feedback (if provided): _____
Contact information (phone, email) _____
Name of staff member/volunteer reported to (if any): _____
Name of program (if any): _____
Date Incident Occurred: _____ Time: _____
Names of any staff or volunteers involved: _____
Please describe the nature of the feedback: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Please describe any actions you have taken so far to resolve the situation: _____ _____
Please describe any actions needed to resolve this issue: _____ _____

Return form by mail or in person to the main LCSS office at the above address

Signature of Provider of Feedback _____ (optional)

Signature of Staff Member or Volunteer: _____

Signature of Program Manager: _____

ORIGINAL FORM TO THE EXECUTIVE DIRECTOR

COPY TO THE PQI TEAM