



Administration Policy Form

*This form can be given to the Director of Adult Services or the Executive Director.

FEEDBACK AND CONCERNS FORM ADPF 7.1

Name (Optional):			Date:
Address		City	
Province	Postal Code	Phone	Cell
E-mail @			

Did you tell any employee of Community Living Dufferin of the concern? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, who?		
Location of the concern. (e.g. Building or program)		

Please describe your concern:

OFFICE USE:

Has the problem been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the plan to resolve it? _____

<input type="checkbox"/> The outcome of the review of the concern has been communicated to the person submitting the form. How will the problem be avoided in the future?
--