



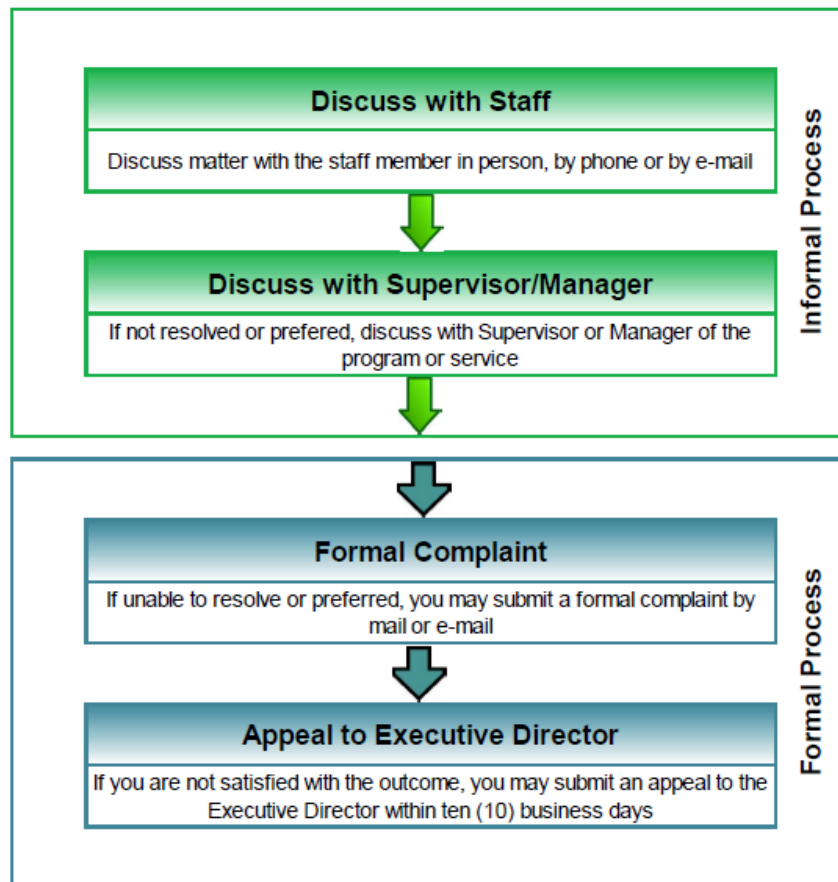
Kahnawà:ke Shakotiiá'takehnhas Community Services
SERVICE FEEDBACK FORM

Introduction

In our strategic commitment to become fully client-centered and client-driven, KSCS is seeking to improve our knowledge and understanding of our clients' needs and expectations. We invite you to participate in this Service Feedback Form to share your recent experience of our services, employees and facilities in meeting your needs and expectations.

The feedback you provide through this form will be used by KSCS to improve and update services so that the service quality and delivery are more helpful and beneficial to the community.

We thank you in advance for taking time to share your thoughts so we can provide effective quality services. Respect, responsibility, trust and commitment are the core principles guiding KSCS in our decisions, conduct, behaviour and daily work.





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SERVICE FEEDBACK FORM

Please select one of the following:

☐ Comment
 ☐ Compliment
 ☐ Complaint
 ☐ Concern

Part One – Client identification and contact information

Given Name (Please Print)		Surname (Please Print)	
Address		City	
Province	Postal Code	Daytime Phone#	E-Mail

Part Two – Service Area you were dealing with

A'nó:wara Six Plex	Elder's Day Program	Elder's Lodge	Home Care Services
Assisted Living Services	Independent Living Center	Family Support & Resources	Young Adults Program
Teen Social Club	Family Wellness Center	Á:se Tahoratehiaróntie	Onkwanèn:ra
Creek Group	Traditional Counsellors	Parenting	Addictions Response Services
Clinical Supervision	Youth Protection	Foster Care	Intake Services
Communications	Community Based Programs	Environmental Health Services	Support Counsellors
Organizational Support Services	Drama Program	Finance	Psychiatric Services
Service Complex			

Part Three – Nature of Comment, Complaint, Compliment, Concern



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Part Four – Comment or Compliment

1. Please provide details of your comment or compliment

2. What prompted you to submit the comment / compliment at this time?

Part Five - Complaint or Concern

1. Describe your complaint or concern. *(required)(Please attach any supporting documents, if applicable)*

2. What actions have you taken to try and resolve your service related complaint or concern?

3. Describe the outcome you want. *(required)*

4. Feedback: What do you think we should do to improve our service so this does not happen again?

Part Six - Signature and Certification

☐

I authorize KSCS to review my comment, complaint, compliment or concern. I further certify that the information given on this form or in the attached documents is, to the best of my knowledge, correct and complete.

☐

I do not require a response from KSCS to this comment or compliment.

Signature

Date

The completed form can be submitted to:

Service Feedback

Kahnawake Shakotia'takehnhas Community Services
P.O. Box 1440
Kahnawake, Quebec
J0L 1B0

Or by e-mail: servicefeedback@KSCS.ca