COUNTY OF SIMCOE

LONG TERM CARE AND SENIORS SERVICES

LTC CARE

LEARNING TOGETHER: COMMUNICATE ADVANCE RESOLVE EVALUATE

In striving to continuously improve our services and provide the highest level of care to our residents, your feedback is very important! If you have feedback you wish to share with us, please tell us directly or use this form to share your compliments, suggestions, or concerns.

What type of feedback are you submitting? (Please check one):

☐ Compliment ☐ Suggestion ☐ Concern

Person Submitting Feedback: _____

Contact Phone Number or email: _____

Date of Feedback: _____

Resident's Name and location (if applicable): _____

I wish to make the following compliment, suggestion, or concern:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for taking the time to let us know what you think! Completed forms can be submitted into the suggestion box outsitde the main office or to registered staff, department manager, main office, or administrator.