

_____ STEWART CENTRE

SUGGESTIONS, COMPLIMENTS, AND COMPLAINTS

We welcome and appreciate receiving your feedback

Filling in this form will not adversely affect the quality of rehabilitation services you receive from the Stewart Centre either now or in the future.

Everything you say will be treated **CONFIDENTIALLY**

Please put this form in the box provided, or give it to a staff member, or post it to the address below



Compliment _____



Suggestion _____



Complaint _____

You may attach additional pages if you need to.

FILLING IN THIS SECTION IS OPTIONAL but it will enable us to reply to you or provide feedback.

Would you like your name passed on to staff with any comments? _____

*Would you like your comments passed on **without your name**?* _____

Would you like us to treat this as a formal complaint? _____

Your name: _____ Telephone _____

Address: _____

Date: _____

Stewart Centre Address: