

COMPLAINT AND FEEDBACK FORM

Date:
Name:
Email address (if you would like to discuss your complaint or feedback with WLST):
Phone number (if you would like to discuss your complaint or feedback with WLST):
Who is providing the complaint or feedback?
<input type="checkbox"/> WLST client <input type="checkbox"/> Other party <input type="checkbox"/> Related party <input type="checkbox"/> Service provider <input type="checkbox"/> Other
Complaint or feedback relates to
<input type="checkbox"/> Service delay <input type="checkbox"/> Privacy and Confidentiality <input type="checkbox"/> WLST staff member <input type="checkbox"/> Safety <input type="checkbox"/> Quality of service <input type="checkbox"/> Other
Brief description of the complaint or feedback
Other relevant information

What changes would you like to see as a result of your complaint or feedback?

Would you like to be contacted by WLST to discuss your complaint or feedback?

YES

NO

If you would like to be contacted, please let us know your preferred method of contact below.

Email

Phone

Other

Thank you very much for taking the time to complete this form.