**Feedback Form**

Positive Step respects and values individual’s rights to freedom of expression and our ability to continuously improve our clinical services. To achieve both of these aims we support and encourage individuals, their families, carers or other significant persons to provide feedback about any aspect of our service.

1. **Name of feedback provider**

First:

Last:

1. **Feedback Categorisation**

I would like to make a:

□ Compliment

□ Complaint

□ Suggestion

Relationship to Positive Step

□ Individual receiving care

□ Individual’s family

□ Individual’s friend

□ Other service provider

□ Other

I would prefer to receive a response by (one or multiple):

□ Telephone:

□ Email:

□ In writing:

□ Face to face meeting

□ Other:

1. **Feedback**

Details of feedback:

What would you like to see happen? (Desired outcome):

1. **For Office Use Only**

□ Date Received:

□ Staff assigned:

□ Added to Action Tracker: