



FEEDBACK FORM

We welcome feedback from our clients, partners and public.

Please complete the following feedback form and return it to CFWR...

Email: reitlo@cfwr.mb.ca

Fax: 204.345.6334

Mail: Box 505, Lac du Bonnet, MB, R0E 1A0

My feedback is a:

1. Compliment for something that went well.
2. Concern for a mistake we made or improvement that is needed.
3. Comment/Suggestion/Idea

I am:

- Current Client
- Past Client
- Member of the Public
- Service Provider
- Other _____

1) What would you like to tell us?

2) Did you have any concerns or issues accessing our services?

- Yes
- No

Explanation:

3) Were your accessibility needs accommodated?

- Yes
- No
- Not Applicable

Explanation:

4) Would you like a response to your feedback?

- Yes
- No

If yes, I prefer contact by:

- Phone
- Email
- Letter

Please provide corresponding contact information:

Name _____

Email Address _____

Phone Number _____

Mailing Address _____

Thank you for your feedback.

If you have requested a response, the Executive Director will contact with you within 7- 10 working days. Your personal information will be kept confidential. In addressing your complaint, there may be need to share your information with other people within CFWR.