



Complaint/Feedback Form

Clients and their circle of care are encouraged to participate in the delivery of their services by providing ongoing feedback and filing a complaint.

Date of Complaint: _____

Nature of Complaint:

Please rate the severity of your complaint from low to high as outlined below:
(1 being Low Severity – 5 being High Severity/urgent, emergency situation)

1 - Low 2 3 4 5 - High

Do you have any suggestions to remedy the situation causing the complaint?

Would you like to remain anonymous about your complaint? Yes No

If you would like to be contacted regarding your complaint/feedback, please fill out the contact information below:

Name: _____

E-mail or phone number: _____

Please e-mail your completed form to reception@cason.ca or place it in the drop box located at our main office, 60 James Street, Suite 401, St. Catharines.

Cason would like to thank you for taking the time to share your thoughts and your commitment to looking into how we can improve our services.