

COMPLIMENTS & FEEDBACK FORM

1. Information

We welcome all feedback about the services, staff, facilities or processes of Cornerstone Youth Services (CYS).

Your feedback is used to highlight what we are doing well and to make continual improvements to our services.

The information that you give to us is kept confidential and only authorised staff have access to the information. In some circumstances we may be required to provide our funding bodies with de-identified information about the compliments and feedback we receive.

2. Personal Details (optional)

| | |
|------------|--|
| Title | |
| First name | |
| Last name | |

3. Contact details (optional)

| | | | | |
|-------------------|------------------------------------|---------------------------------|---------------------------------|--------------------------------|
| Mailing Address | | | | |
| | | | Postcode | |
| Email address | | | | |
| Phone number | | | | |
| Mobile number | | | | |
| Preferred contact | <input type="checkbox"/> Telephone | <input type="checkbox"/> Mobile | <input type="checkbox"/> Letter | <input type="checkbox"/> Email |

4. Compliment or feedback details

| | |
|--|--|
| When it happened | |
| Where it happened | |
| Who was involved | |
| Which CYS program does it involve? | |
| What happened (details of your compliment or feedback) | |
| | |

What happened - continued

Is there any follow-up you would like to have happen?

Attach any documents that support your compliment or feedback

4. Acknowledgement

All the information provided above is true and correct to the best of my knowledge

Signature

Date