



## Feedback & Concern Form

### We want to hear from you

Shalom Counselling Services is committed to providing a safe, respectful, and professional service. Your feedback helps us improve. You may share feedback anonymously, or include your contact information if you would like follow-up.

### What to expect

- If you are a client, we encourage you to first speak with your counsellor. If it is not resolved, you may request to speak with Shalom's Clinical Director.
- If you are a member of the public, you may contact the Executive Director (519-886-9690) or request contact by the Board Chair (or designate).
- Written concerns are reviewed by the Executive Director and the Executive Committee of the Board. We aim to respond within 10 working days. If your concern is not resolved, we will explain next steps.
- A response will be made within 5 working days if the concern pertains to misconduct and specifically abuse.

### 1) Your information (optional)

I prefer to remain anonymous

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred way to contact you (check all that apply):

Email  Phone call  Permission to leave voicemail  Please do not contact me

Preferred language: \_\_\_\_\_

Translation support requested (if available)

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### 2) About your feedback/concern

Are you:

A current client  A former client  A family member/support person  A member of the public  Other: \_\_\_\_\_

When did this occur (date/time or timeframe)?

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Where did this occur?

In person    Virtual/online    Phone    Other: \_\_\_\_\_

If your concern relates to a staff member or therapist/counsellor (optional):

Name/role (if known): \_\_\_\_\_

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### 3) What happened?

Please describe your experience. Include as much detail as you can (what happened, who was involved, and what you would like us to understand).

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I have attached additional pages/documents.

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### 4) What would you like to see happen?

If you are sharing a concern or complaint, what would help resolve it?

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### 5) Consent and signature (optional)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(If anonymous, you may leave this blank.)

**How to submit this form:**

In person    By mail    By fax: 519-886-7832    By email: [ed@shalomcounselling.org](mailto:ed@shalomcounselling.org)

**Mailing address:**

Shalom Counselling Services Inc.

9 Avondale Avenue South, Waterloo ON N2L 2B5