



GIVING A COMPLIMENT/ MAKING A COMPLAINT

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Person Reporting: Client/Family Employee Visitor Other

Feedback is in regard to:

Client Services Preschool Administration Building Other

Tell Us What We Did Well Or Your Main Concern (attach all pertinent documents):

How would you like to receive a response?

- No response required – I'm providing feedback/comment/suggestion
- Informal response – a face-to-face discussion or telephone call from employee/supervisor
- Formal response – A written response

Print Name (optional): _____

Client Name: (optional) _____

Telephone Number (optional): _____

Date: _____
(Month/Day/Year)

Please print your completed form and return by mail or drop off at the Centre's reception desk, addressed to 'Data Decision Support Analyst'.