



## We Want Your Feedback!


We want to hear what you have to say. Please fill out the information below under the Participant or Caregiver section and place it in the secured Feedback box. If you need help with the form, staff members would be happy to assist you.

The Quality and Compliance Department will review the feedback form and forward it to the appropriate party to address your feedback within 30 calendar days.

If you would like to talk with us about your feedback, compliment or suggestion, please provide the best phone number to reach you: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

### Participant or Caregiver Feedback

Please indicate the type of feedback you are providing for us **(Please Check A Box Below)**:

 <p><b>Feedback</b> <input type="checkbox"/></p> <p>Tell us what's not going well.</p>	 <p><b>Compliment</b> <input type="checkbox"/></p> <p>Give a shoutout to a staff member who helped or tell us about an activity you enjoy. _____</p>	 <p><b>Suggestion</b> <input type="checkbox"/></p> <p>Tell us your idea.</p>
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Today's Date: \_\_\_\_\_

Name of participant or caregiver providing feedback: \_\_\_\_\_

Date of Birth *or* RM PACE Number: \_\_\_\_\_

Name of person filling out form, if different from above: \_\_\_\_\_

Please provide your Feedback, Compliment, or Suggestion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What action would you like to see taken? \_\_\_\_\_

Thank you for providing PACE with the opportunity to improve the quality of our services.