



Thunder Creek Rehabilitation Association: *Client, Stakeholder & Public Feedback Form*

Thunder Creek Rehabilitation Association (TCRA) welcomes feedback from clients, stakeholders, and members of the public. Feedback helps us understand what is working well and where improvements may be considered as part of our review and planning activities.

Providing feedback does **not** initiate a complaint investigation process.

How Feedback Is Used

- Feedback may be reviewed by management to identify trends, strengths, or opportunities for improvement.
- Not all feedback will require a response or result in action being taken.
- Feedback forms constitute formal records and are retained in accordance with Association policy

Please complete the following to submit feedback:

Contact Information (Optional – you may submit feedback anonymously)

First Name: _____ Last Name: _____

Phone # to Call: _____ Phone # To Text: _____

Email: _____ ☐ N/A

Did you want to be contacted? ☐ Yes ☐ No

If yes, best way to contact you? ☐ Phone ☐ Text ☐ Email

If by phone, best time of day to contact you? ☐ Morning ☐ Afternoon

If you would like a follow-up, TCRA will make reasonable efforts to respond using your preferred contact method.

Are you submitting feedback as:

☐ A client ☐ A family member/support person

☐ A stakeholder or partner ☐ A member of the public

☐ Other: _____

Which facility/service is your complaint regarding?

- | | |
|--|--|
| ☐ Wakamow Place 1 | ☐ Wakamow Manor Social Detox |
| ☐ Wakamow Place 2 | ☐ McNiven Manor |
| ☐ Independent Living | ☐ Mental Health Outreach |
| ☐ Addictions Community Outreach | ☐ Administration/OOS/Board of |
| ☐ Support Services (ACOSS) | ☐ Directors |
| ☐ TCRA Cottages | |

Feedback Topic

- | | |
|---|---|
| ☐ Program or Service Delivery | ☐ Scheduling or Access |
| ☐ Staff Interaction | ☐ Compliment/Positive Feedback |
| ☐ Communication or Information | ☐ Other: _____ |
| ☐ Facility or Environment | _____ |
| ☐ Policy or Procedure | _____ |

Please provide your feedback (brief description):

Use the space above to identify your concerns paying particular attention to details such as individuals involved, date, time, witnesses to the incident and issue(s) (food, environment, care, resident rights and privileges/conflict of interest, etc.). Please use additional pages if you need more space.

Confidentiality Statement

Feedback is handled respectfully and confidentially. Information will be shared internally only as necessary for review, planning, or quality improvement purposes. Anonymous feedback is accepted; however, this may limit the Association's ability to follow up.

Printed Name

Signature

Date

Please submit by mail to:

CONFIDENTIAL

Attention: TCRA Executive Director

P.O. Box 372

Moose Jaw, Saskatchewan

S6H 4N9

Please submit by email to:

Chad.topp@saskhealthauthority.ca

Internal Use Only	
Date Logged:	
Logged By:	