**[Appendix 2 (SJOGCS17): Accessible Feedback Form: Callan Institute](C:\\Users\\martingi\\AppData\\Local\\Microsoft\\Windows\\Temporary Internet Files\\Content.Outlook\\ADF5S0X4\\SJOGCS17 Appendix 2 Accessible Feedback FormCallanInstitute.docx)**

**[Comments/Compliments/Complaints](C:\\Users\\martingi\\AppData\\Local\\Microsoft\\Windows\\Temporary Internet Files\\Content.Outlook\\ADF5S0X4\\SJOGCS17 Appendix 2 Accessible Feedback FormCallanInstitute.docx)**

|  |  |  |  |
| --- | --- | --- | --- |
| Description: Description: Description: SJOG logo Gold | **Name of the Service:**  **Email Feedback to** [**CallanFeedback@sjog.ie**](mailto:CallanFeedback@sjog.ie) | | |
| House 11 | **Name of the Location:** | | |
| Months | **Date of Experience that this** [[1]](#footnote-1)**feedback relates to:** | | |
| **St John of God Community Services clg, staff use only** | | | |
| *Date Received:* | |  | |
| *Comments/Compliments/*  *Complaint number:* | |  | |
| *Location:* | |  | |
| *Complaints Officer:* | |  | |
| Tick Yes | | **Please select the type of feedback you wish to provide:**  Comment  Compliment  Complaint | |
| Writing 2**Please give your feedback here:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Name2 | | **Your name:** | |
| Address Street | | **Your address:** | |
| [Telephone blue](https://www.photosymbols.com/collections/things/products/telephone-blue) | | **Your telephone number:** | |
| [Email](https://www.photosymbols.com/collections/technology/products/email) | | **Your email address:** | |
| Months | | **Date you completed this form:** | |
| If your feedback is a complaint, St. John of God Community Services needs your consent to look at your personal information. Refusing access to your personal Information may impact on the complete the investigation of your complaint | | | |
| Consent form noConsent forms | | | I give St John of God Community Services permission to access my personal information.  Please tick YES: NO: |
|  | | | |
| Signature | | | Signature: |

**Email Feedback** [**CallanFeedback@sjog.ie**](mailto:CallanFeedback@sjog.ie)

Thank You

1. Your feedback is important to St John of God Community Services clg. It helps us to **improve our services**. If you have a **comment, compliment** or **complaint** please let us know [↑](#footnote-ref-1)