

Dear Sir, Madam,

Satisfaction questionnaire on the services rendered by the Local Service Quality and Complaints Commissioner's Office

You have recently called on the services provided by the Local Service Quality and Complaints Commissioner's Office of the Douglas, Mental Health University Institute.

In order to improve the processing of future requests, this questionnaire is sent to you so that you may indicate your level of satisfaction regarding the services that you have received. You may or may not indicate your name.

Your answers will be reviewed and will help us to improve the services provided by the Local Service Quality and Complaints Commissioner's Office to other people, and the results of the assessment will be submitted to the attention of the Board of Directors, as part of the activity report issued by this Office.

Thank you for your cooperation.

The Local Service Quality and Complaints Commissioner,

Francine Y. Bourassa

Francine Y. Bourassa, MA

Satisfaction questionnaire on the services rendered by the Local Service Quality and Complaints Commissioner's Office

You have used the services of the Local Service Quality and Complaints Commissioner's Office this year in order to formulate:

Please check a box:

- ❖ A complaint ☐
- ❖ A request for intervention ☐
- ❖ A request for an assistance ☐
- ❖ Other ☐

Please answer the following questions:

What did you like about these services?

What didn't you like about these services?

What improvement would you like to see from these services?

Please tick the appropriate answers.

What do you think?

- ❖ **Of your welcome at the Local Commissioner's Office, on the phone or in person.**

Excellent

Good

Fair

Poor

- ❖ **Of the information you obtained from the Local Commissioner's Office.**

None

Incomplete

Complete

Very complete

- ❖ **Of the assistance you were provided by the Local Commissioner's Office.**

Not helpful

Not very helpful

Helpful

Very helpful

- ❖ **Of the handling of your request or the examination of your complaint, in general, done by the Local Commissioner's Office.**

Excellent

Good

Fair

Poor

- ❖ **Of the actions taken regarding your concerns, after the intervention of the Local Commissioner's Office.**

No result

Little results

Good results

Very good results

- ❖ **Of the quality of services you received at the Local Commissioner's Office, as a whole.**

Unsatisfactory

Not very
satisfactory

Satisfactory

Very satisfactory

- ❖ **Of the possibility of appealing to the *Protecteur du citoyen*, only in the case of a complaint, to obtain more satisfaction.**

No interest

Little interest

Yes, maybe

Yes, certainly

- ❖ **Of referring a friend or a client to the Local Commissioner's Office.**

Yes, certainly

Yes, maybe

I don't think so

Certainly not

Thank you for your cooperation!

If you wish, you may tell us how to contact you.

Date :-----

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