

## Community Health Centres of Northumberland

99 Toronto Road, Suite 101  
Port Hope, Ontario  
L1A 3S4

[www.chcnorthumberland.ca](http://www.chcnorthumberland.ca)  
[info@porthopechc.ca](mailto:info@porthopechc.ca)

### Mission

The Community Health Centres of  
Northumberland take leadership in;  
Creative health promotion  
Diligent illness prevention  
Inter-professional treatment services  
in an inclusive, responsive and safe  
environment

### Vision

Healthy People  
Healthy Partnerships  
Healthy Communities

### Values

Respectful client-centered care  
Meaningful collaboration with our  
clients, partners and communities  
Excellent care in an inclusive, non-  
judgmental environment  
Strategic Innovation

### What happens with your concerns?

We will acknowledge your concern and work toward a solution by connecting with you as soon as possible and by looking into your concern. We will make every effort to do this in a timely manner and to provide you with any decision and information about actions taken as a result of our review.

### Who will be aware of my feedback?

All compliments and concerns will only be shared with the necessary staff, program, and location involved, unless you would like it to be shared with the Client and Family Advisory Roundtable (CFAR). All written concerns will be acknowledged by the Executive Director.

### Do I have to provide my name?

If you do not wish to provide your name, you do not have to. However, it will be difficult to credit the compliment and will make it impossible for us to follow-up with you on any of your concerns.

*If you need any help filling out this form; ask any staff member and they will be pleased to help you. A copy of our full complaints policy is available upon request*

## We want to hear from you!



## Give us your compliments and tell us about your concerns.

**Phone: 905-885-2626**



**Working in partnership with our clients and families we seek to provide safe and high quality programs and services.**

The Community Health Centres of Northumberland (CHCN) strives to make every contact with clients and their families an opportunity for quality improvement. We encourage you to share your opinions and your experiences with us.

**Compliments** assist us in knowing what we are doing well. It encourages staff to continue to strive for excellence and acknowledges their good work.

**Concerns** provide us with an opportunity to improve. You have a right to voice your concerns and to have them dealt with in a respectful manner without fear.

Compliments and concerns are most effective when addressed at the time and place that they occur. If you have a compliment or concern, we encourage you to talk to your worker directly. If you prefer, you can write your compliment or concern using the form in this brochure. Additional pages may be added if necessary.

## *“Building a healthier community together”*

By completing this form you are giving consent to share your compliment or concern with the appropriate staff or volunteer(s) so that we can provide feedback and follow-up.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Compliment or Concern: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_

To Submit this form, you can, a) place it in our suggestion box beside the front desk, b) give it to any staff member, c) download the e-form from our website and email it to [info@porthopechc.ca](mailto:info@porthopechc.ca), or d) mail it to our address found on the back of the form. Please indicate on your form if you would like an opportunity to share your experience with the Client and Family Advisory Roundtable (CFAR).