

Trinity Village

Owned and Operated by Lutheran Homes Kitchener - Waterloo

FEEDBACK PROCESS

The ultimate goal of Trinity Village Care Centre is to meet and surpass customer expectations while serving all people, including those with disabilities. Comments regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way Trinity Village Care Centre provides goods and services to people with disabilities can be made by:

- Completing the Feedback Form (located on the brochure stand across from reception) and forward as indicated below OR to reception.
- Call the COO see below
- Email the COO see below



Feedback should be sent to:

Debby Riepert, Chief Operating Officer (COO)

Trinity Village Care Centre

2727 Kingsway Drive, Kitchener, Ontario. N2C 1A7

Telephone: 519-893-6320, ext. 250

Email: driepert@trinityvillage.com

Customers can expect a response within 10 business days.



“A Caring Community Which Values And Fosters The Worth And Lifestyle Of All”

2727 Kingsway Drive, Kitchener, Ontario N2C 1A7 Tel: 519.893.6320 Fax: 519.893.3432 www.trinityvillage.com

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ACCESSIBLE CUSTOMER SERVICE FEEDBACK

January 2022

Thank you for visiting Trinity Village Care Centre. Your feedback is important to us. We consistently strive to improve accessibility for all our customers to meet their needs. Customers can expect a response within 10 business days.

Please take a few moments to share your experience with us today.

1. Date of your visit: _____

2. Approximate time of your visit: _____

3. Departments visited: _____

4. Were you satisfied with our customer service today? YES _____ NO _____

1. Did you have any problems with accessing our goods and/or services?
YES ___ NO ___

If YES, please explain: _____

6. What, in your opinion, can we do to resolve this problem?

7. May we contact you for additional information? YES ___ NO ___

If YES, please state your address and telephone number:

In order for us to solve this problem efficiently and to help us better serve you and others in the future, please complete the following information.

Do you currently have a disability? YES _____ NO _____

If YES, please explain: _____

Please circle your appropriate age range:

Less than 19 / 20 – 29 / 30 – 39 / 40 – 49 / 50 – 59 / 60 – 69 / over 70

I agree to allow Trinity Village Care Centre to use the information collected on this form.

Name: _____

Signature: _____

Date: _____

(For Office Use) Feedback Reference # _____

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Feedback Response Form

RESPONDING TO CLIENT/ CUSTOMER FEEDBACK

Feedback Reference #: _____

Date: _____

Your name: _____

Department/Office: _____

Date feedback received: _____

Name of client/customer (if known): _____

Contact information (if given): _____

Details:

Action to be taken:

Date to be completed:

Has client/customer been contacted? () YES () NO

If YES, state outcome: _____

Additional Comments: _____

Signature: _____ Date: _____