

We want to near from you!	employee student or volunteer
l have a: ☐ Compliment ☐ Idea / Comment	she/he receives a spotlight
Which of these areas would you like to comment on?	award and a client and family champion centred care champion pin.
☐ Quality of Care (e.g. client safety and best practice)	
 Respect and Dignity (e.g. listening to needs 	Who would you like to compliment?
and concerns)	
☐ Information Sharing (e.g. communication)	Please tell us more or share your idea or comment:
Partnership (e.g. working together)	
These areas come from our Patient Declaration of Values, available at www.hollandbloorview.calfeedback	
Your name:	
Phone number:	
Email:	
☐ I prefer to provide feedback anonymously.	Please drop this completed postcard
I want to be contacted by Client and Family Relations. ☐ Yes ☐ No	into the drop box in front of the Grocery Foundation Resource Centre, first floor.
I give Holland Bloorview permission to include my feedback (without my name and/or the client's name)	The personal information you provide is collected, used and shared under the authority of the Public Hospitals Act to improve quality of care. Please contact Client and
which is available on our website. Tes No	Family Relations at 416-753-6084 for more information

