FEEDBACK FORM



Instructions: Please turn this form in to staff or a supervisor, leave it in the suggestions box, or take a picture of it with your phone and email the picture to Feedback@theroadhome.org. If you need help filling out this form or sending a written review request, please ask staff for help with a Feedback Form.

Date & Time:	Your Name:			DOB:	
Currently staying at:	Housing Address:				
	☐ Gail Miller	□ Men's	□ Vinnie's	□ Midvale	□ Mote
	□ Palmer Court Unit	# 🗆 W	endell Unit #	_ □ Magnolia l	Jnit #
How can we get in tou	uch with you to follow up	o? □ Message k	ooard at resource	center	
☐ Phone #	Best time to call:	🗆 Em	ail address:		
Did you talk to any oth	ner staff about the issue?	? □ Yes – staff na	me:		□ No
What sort of concern of	does this address? (ched	ck all that apply)	: □ Problem with	a resident/guest	
☐ Problem with staff	□ Safety concern	□ Maintenanc	e/cleaning 🗆	Other:	
	tern below. Please write	as clearly as pos	ssible and include	all important de	tails. If you
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If your concern is not resolved through the above process, you can submit a written request for an additional review to supervisors or to Feedback@theroadhome.org. We will follow up with you within 7 days. For some things, we may need more time to complete a review or investigation.

