

Population and Public Health Individual and Family Client Feedback Form (Families First)

5. What do you like most about the Families First program and why? _____

6. What do you like least about the Families First program and why? _____

7. Is there anything else you think we should know? _____

Overall how satisfied were you with the Families First program?	Very Satisfied	Satisfied	Dissatisfied	Very dissatisfied

8. What is your postal code? _____

9. What is your age?
- | | | | |
|---------------------------------------|--------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than 15 | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> prefer not to answer |
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 25-30 | <input type="checkbox"/> Greater than 40 | |

Thank you for sharing your feedback in receiving Public Health Services.

If you would like to speak with someone about your experience, please contact WRHA Client Relations at 204-926-7825 or email ClientRelations@wrha.mb.ca.

Office Use Only: Community Area/Team: _____ Filled in by: ___ Client ___ Staff ___ Volunteer ___ Translator ___ Neighborhood (based on cross ref to 6 dig PC) _____
