



Participant/ Family Feedback Form

Name: _____ Date: _____

(Optional)

We are glad to hear from you, what can we do better?.

Suggestion: _____

Did you have any positive experience with the program or any staff? What do you thing is working well?

Positive Feedback: _____

How is our Staff doing? Is there any RHCS staff members who deserve to be recognized?

Please provide their name and a brief explanation of what they did well. _____

Please Note this for is for Feedback only. If you have a grievance please find the appropriate form on our website.

Please email completed form to rootshcs@outlook.com, or mailed to our Program Director Omela Francis-Alman LCSW-C 104 Plumtree Rd Suite 103 Belair MD 21015. Please note that email is the most efficient method and will allow for the quickest response from us.