Finger Lakes Parent Network, Inc.

A Chapter of the Federation of Families for Children's Mental Health & Families Together in NYS
serving Wayne, Ontario, Seneca, Yates, Schuyler, Steuben, Chemung, Tioga and Allegany Counties

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FINGER LAKES PARENT NETWORK, INC.

Family & Employee Quality Assurance Form

Please use this form to offer any suggestions, comments or concerns regarding services, employees and programing.

- Completed forms can be mailed, faxed or emailed to the Bath Business Office at *flpninc25@flpn.org*

Today's Date: _____

To help us direct your feedback appropriately, please check the box that best describes your role.

Employee☐ Family ☐

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OPTIONAL: ***Please fill out below <u>ONLY</u> if you wish to identify yourself***

Signature: _____ County: _____

Print Name: _____ Group: _____

********** ***<u>Bath Office Use Only</u>*** **********

Received Date: _____ *Method of delivery:* ☐*Phone* ☐ *In person* ☐*Mail* ☐*Email* ☐*Fax*

Action Taken: _____

_____

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Other persons informed: _____ *date:* _____ _____ *date:* _____

_____ *date:* _____ _____ *date:* _____

<u>Quality Review Committee:</u>

Persons involved: _____ *date:* _____ _____ *date:* _____

_____ *date:* _____ _____ *date:* _____

Further Action Required: _____

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