



Public Service Commission

## Employee and Family Assistance Program Feedback Form

Please use the following form to provide your feedback or to file a complaint concerning your experience with our Employee and Family Assistance Program provided by LifeWorks. Please send completed forms to the Benefits Manager, Public Service Commission, at [Claire.norman@novascotia.ca](mailto:Claire.norman@novascotia.ca) or 1800 Argyle St, 5<sup>th</sup> Floor, Halifax NS B3J 2V9. Your concerns will be addressed with LifeWorks with your written consent. If your matter involves evidence of criminal conduct, your matter may be referred to the Police or an appropriate agency.

Please complete the following information	
1	<p><b>Please provide your details.</b></p> <p>*Name: Phone Number: Email Address: Employee's Name (If applicable):</p> <p>*This form must be completed by the individual who participated in the counselling.</p>
2	<p><b>The intention of this submission is to:</b></p> <p><input type="checkbox"/> Provide Feedback <input type="checkbox"/> File a complaint</p>
3	<p><b>A response to my submission is required from the Benefits Manager:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I would like to be contacted directly by LifeWorks to follow up on the resolution of my concern.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p><b>Concerning the same matter detailed below, have you also:</b></p> <p><input type="checkbox"/> Provided feedback to LifeWorks <input type="checkbox"/> Filed a complaint to LifeWorks</p>
5	<p><b>Please provide details of your Feedback/Complaint/Question:</b></p> <p>Date Service Received: Name of Provider/ LifeWorks, if obtained: Description of Experience:</p>

**6 Notice of Consent**

In order to investigate your experience further with LifeWorks, consent to release confidential information must be provided. Please complete the following:

**Consent for Release of Confidential Information  
For Quality Assurance Purposes**

You have brought forward a concern regarding the service you have received from your Employee and Family Assistance Program. Because of confidentiality laws, LifeWorks is unable to discuss the concern with anyone other than you or confirm or deny your participation in the EFAP. In order for LifeWorks to release any information to your employer about your concern you must provide written permission for them to do so. By signing the form below you will allow LifeWorks to discuss your concern and its resolution with the individual designated below. It is important to note that LifeWorks will ONLY release information related to the concern and will not release information pertaining to the content of your case if it is not relevant.

I, \_\_\_\_\_ give permission to LifeWorks to provide  
(Client Name)  
information to the Manager, Benefits, Public Service Commission, to provide information on the quality concern related to my experience with the Employee and Family Assistance Program. I understand that only information related to my concern will be released and at no point will any of the content of my counselling be discussed.

This consent is valid for the duration of the review or may be withdrawn at any time by notifying LifeWorks in writing that consent has been withdrawn.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**7 Authorization and Declaration**

All information I have provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature