



## COMPLAINT FORM

### COMPLAINANT CONTACT DETAILS

First name*	Last name*
e-mail address ( <i>considered the most prompt way we can communicate with you</i> )	
Mailing Address*	Phone Number*
<i>Note: If only a mailing address is provided our response timelines may be extended.</i>	

### COMPLAINT TYPE

- |  |   |
|--|---|
| <input type="checkbox"/> Access to services            | <input type="checkbox"/> Programs               |
| <input type="checkbox"/> Facilities                    | <input type="checkbox"/> Staff conduct          |
| <input type="checkbox"/> Outcome of existing complaint | <input type="checkbox"/> Timeliness of Services |
| <input type="checkbox"/> Processes and procedures      | <input type="checkbox"/> Other                  |

### SUMMARY OF COMPLAINT

Please record information on what happened, who was involved, date(s) and time(s). Be as detailed as possible. If there is not enough space to describe the complaint, please include an attachment.

Details
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Service area/location of problem

Staff persons involved (if known)

List of enclosures (include copies of any documentation in support of the complaint)

### RESOLUTION

How do you suggest the complaint be resolved?

### SIGNATURE

Complainant's Signature

Date complaint submitted (mm/dd/yyyy)

### INTERNAL USE ONLY

Date received

File #

Receiver Initials: