



COMPLAINT RECORD FORM

Details of person making the complaint

Date complaint received: _____

Name of person receiving complaint:

Position:

Does the person making the complaint wish to remain anonymous? Yes No If no, name of person making complaint: _____

Category of person making complaint: (Participant/Family member/Friend/Advocate/Guardian/Manager/Other provider/Staff member/Other) _____

Preferred method of contact: Phone Email Letter

Phone: _____

Email: _____

Postal address:

Participant details

Name of participant complaint is regarding:

Is the participant an existing client? Yes No

Can we speak to the participant about this complaint? Yes No (if complainant is not the participant)

Complaint details

Description of complaint:

What is considered appropriate resolution by the person making the complaint?

Current status of complaint: Investigating Action proposed Resolved Unresolved

What actions have been proposed? Or if resolved, how was it resolved?