



Complaints/ Feedback Form

Name:

Date of Birth:

Casebook #:

Location/ Program:

Location Phone #:

Primary Counsellor/Person-Centred Planner:

Day Program/Vocational and Life
Skills Instructor/Community Case Worker:

Name of
Complainant:

Contact Phone #:

Date of Complaint:

Details of
Complaint/Concern:

DATE: _____

SIGNATURE: _____

Notification:

- Supervisor
- Manager
- Other (specify)

Name: _____
 Name: _____
 Name: _____

Date: _____
 Date: _____
 Date: _____



Complaints/ Feedback Form

Name:

Date of Birth:

Casebook #:

Location/ Program:

Home Location Phone #:

Final Resolution
(Describe actions
taken to resolve
complaint/concern):

Complaint/Concern Resolved: YES NO

DATE: _____

Signature: _____

DATE: _____

Manager's
Signature: _____

DATE: _____

Chief Officer's
Signature: _____