

COMPLAINT RECORD FORM

Details of person making the complaint

Note: This form can be completed electronically or by hand.

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: _____
(if participant is not the person making the complaint)

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?