## **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)
(g complement of not one 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?

