

COMMUNITY LIVING-CENTRAL HURON

Complaint / Feedback Form

Complaint/Feedback # _____

Date Received: _____

By Whom: _____

Complaint or Feedback

Date Reviewed: _____

By Whom: _____

Summary of complaint / feedback (attach any documentation to date):

Conflict of interest identified: No

Yes Action Taken: _____

Investigation Start Date: _____

Investigated by:

Name Title

Details of investigation: (Attach any documentation related to the investigation, such as e-mails).

Date individual(s) was contacted: _____

Name of individual(s) contacted: _____

Role of individual(s) contacted: _____

Method of contact: _____

Questions to individual: _____

Responses by individual: _____

Action requested by individual: _____

Investigation completion date and outcome of investigation:

Written response provided: Yes (Attach a copy) No

If no, reason why: _____

If yes, name(s) of who was provided written response: _____

Verbal response provided:

Yes

_____ Date response was given

_____ Time response was given

_____ Name of who response was given

_____ Witness, if any, to verbal response

No Reason why: _____

Issue resolved: Yes No Unknown

Provide reasoning as to foregoing response: _____

Facilitation to resolve the complaint desired Yes No

If yes, note date of meeting: _____

Name of person facilitating: _____

Attach notes and outcome of facilitation.

Note: If facilitation fails to resolve the issue, the person can meet with the Executive Director.

List options of support (ie. Family, APSW, Human Rights Commission, Office of the Ontario Ombudsman) offered and/or pursued:

Other Comments: _____

Copied to: Executive Director - _____ (Date copied)

Coordinator - _____ (Date copied)