

**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):

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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: \_\_\_\_\_

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Responses by individual: \_\_\_\_\_

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Action requested by individual: \_\_\_\_\_

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Investigation completion date and outcome of investigation:

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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 (i.e. Family, APSW, Human Rights Commission, Office of the Ontario Ombudsman) offered and/or pursued:

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copied to: Executive Director - \_\_\_\_\_ (Date copied)  
Director of Supports & Services - \_\_\_\_\_ (Date copied)