

Complaints Report

(Refer to Policy HR 17 and S10 in the Policy and Procedure Manual for more details)

*Please attach additional sheets if required

In writing this report, please keep in mind the following principles:

• Be specific, using simple, clear language.

• Be respectful of the person(s) you are writing about.

Surname:	First name:
Name(s) of person(s) complaint report	ted to:
Name(s) of person(s) involved (if appl	icable):
Describe in detail and accuracy the nature of your complaint:	
Describe what actions have been taken in order to deal effectively with your complaint:	
Signature of complainant	Complaint recorded by (if applicable):
Date:	Date:
Details regarding final result of report	ed complaint:
Cianatana	Contact Information:
Signature Date:	300 Elgin St East St. Marys ON N4X 1B9 (510) 384 1400

*Please attach additional sheets if required

Fax (519) 284-3120 www.communitylivingstmarys.com