

Complaints/Feedback Report

(Refer to HR Policy 1-9 for more details)

*Please attach additional sheets if required

Surname: _____ **First name:** _____

Name(s) of person(s) complaint reported to: _____

Name(s) of person(s) involved (if applicable): _____

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
Date: _____

Complaint recorded by (if applicable):
Date: _____

Details regarding final result of reported complaint:

Signature
Date: _____

Contact Information:
2830 County Rd 43
Kemptville ON K0G 1J0
(613) 258-7177
Fax (613) 258-7469
www.communitylivingnorthgrenville.ca