

Complaints/Feedback Report

CLNG can arrange for accessible feedback and alternate formats upon request.
(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

Complaint recorded by (if applicable):

Date: _____

Date: _____

Details regarding final result of reported complaint:

Signature _____ Date: _____

Contact Information:

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