

I Have A Concern...

Confidential

My Name: _____

Today's Date: _____



My Concern

You don't have to answer all the questions. Do not guess. It's ok to leave a box empty.

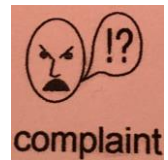
*If you need more help, please ask for it. *

** You can call the Provincial Advocate's Office at any time at 1-800-263-2841 **

When the form is done you can give it to:

Darlene Leggett

What are you unhappy about?



When did it happen?



Month _____

Day _____



Morning



Lunchtime

Afternoon











































Evening

Night



Bedtime

<p><u>Where did it happen?</u></p>																									
<p><u>Who was involved?</u></p>																									
<p><u>How do you want this changed?</u></p>																									
<p><u>What has been done to try to change it?</u></p>																									
<p><u>How are you feeling about what has happened?</u></p> <div data-bbox="147 1178 781 1688"></div>	<p>How are you feeling?</p> <table border="0"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Happy</td> <td>Joyful</td> <td>Content</td> <td>Silly</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sad</td> <td>Angry</td> <td>Scared</td> <td>Worried</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Confused</td> <td>Surprised</td> <td>Hurt</td> <td>Embarrassed</td> </tr> </table>					Happy	Joyful	Content	Silly					Sad	Angry	Scared	Worried					Confused	Surprised	Hurt	Embarrassed
																									
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<p><u>Did someone help you fill this form out? If yes, who?</u></p>	