



# COMPLAINT FORM

## Youth/Professional/Staff/Parent

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**

COMPLAINANT INFORMATION	
Date:	Program:
Your Name:	Contact Number:
Worker/Parent:	PACY Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLAINT INFORMATION	
<b>Summary of Complaint</b> – Please provide as much information/detail as you can remember If you are completing this on behalf of another person, please write verbatim as much as possible. If you need more space, you can attach another page(s).	
What is your complaint about?	When did it happen?
Where did it happen?	Who was involved?
Describe how this incident impacted you and how it made you feel? (optional)	

What has been done to try to address the concern? (optional)

How would you like to see your complaint or concern addressed?

Did someone help you fill this form out? If yes, who

Yes  No

### SIGNATURES

Signature of Person making complaint

Signature of Staff receiving complaint

Signature of Person helping fill out form

Signature of Director

Date form forwarded to Child Welfare Worker

N/A