



## Complaints and Concerns Form

### Section 1

#### Complaint / Concern

To be completed by the person with the complaint or concern. A staff person can assist if required.

Name of person

Are you a client of C.M.H.A. H.K.P.R., family member or other?

How can we reach you? Phone #

E-mail

Date of complaint:

1. Please describe your complaint or concern. Include what you think should happen. You may attach another page if required.

2. Please describe if anyone has already tried to help you resolve this concern.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Section 2**

**To be completed by supervisor or designate exploring the complaint or concern.**

1. What has been done to date?

2. Is the complaint resolved?  Yes  No

If "Yes", then summarize the agreed upon solution to the complaint:

If "No", then forward the complaint to the director of programs and services who will review the information and provide direction as to next steps towards resolution.

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Director of Programs and Services signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date