###

### COMPLAINTS AND CONCERNS FORM

#### **Part 1**

**Your Complaint or Concern**

**Please ask a worker to help you fill out this form if needed. Any C.M.H.A. H.K.P.R. worker can help you, and they will ensure that your complaint or concern is directed to the right Manager. We will follow up with you within 5 business days of receiving a complaint.**

**Your name:**

**Preferred pronouns (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your worker’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like this complaint to go to your worker, or to their Manager?**

**[ ]  To your worker [ ]  To their Manager**

**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 has happened, and what you think should happen now. Attach a separate sheet if needed.
2. Please describe if anyone has already tried to help you with this complaint or concern. Attach a separate sheet if needed.

Your Name Manager’s Name

Your signature Signature of Manager

Date Date

##### Part 2: Internal Use Only

**Where is this complaint directed? Who has received it? ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by person 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. Ensure you have completed the complaints log:

If “No”, forward the complaint with explanation as to why it has not been resolved to the most appropriate Director of Programs and Services who will review the information and provide follow-up within 20 business days.

Manager signature Director of Programs and Services signature

Date Date