

Form 8

COMPLAINT TRACKING FORM

This document assists Residential Service Providers in tracking all complaints received to inform continuous improvement activities.

Date received	Complainant Type	Complaint Issue	Persons Involved	Complaint Requested Remedy	Outcome/Action Taken	Policy / Procedures Affected	Date closed	Person's Notified	Further Action to Consider	Follow up with Complainant
21.2.12	Resident	Stolen property	Resident AJ Resident DK Staff RL	Items to be returned or replaced by DK or program	Room search completed, statements from all involved, Repayment of stolen items by DK Updated POC treatment plan	14.1 Rights and Responsibilities 15.3 Respect for others property	28.2.12	Notified CAS Worker and probation officer	Residents being able to go into other residents' rooms without permission	