

**REQUEST FOR INVESTIGATION – CHILDREN'S RESIDENCE**

The Provincial Advocate for Children and Youth has the authority to investigate any matter that comes to his or her attention from any source that concerns a child or group of children and the services they receive from a residential licensee where a children's aid society is the placing agency.

**General Information**

This is a request for an investigation about something that involves me and I am a young person

This is a request for an investigation and I am the parent of a young person placed in a children's residence by a children's aid society

This is an request for an investigation and I am a person with information about a children's residence that accepts placements from a children's aid society

**A. DETAILS OF WHAT YOU WANT THE PROVINCIAL ADVOCATE TO INVESTIGATE**

What is your complaint about? (Describe your complaint in as much detail as possible)

- You may want to consider what someone did or said that caused you to make the complaint or what you think that person should have done or said;
- You may want to give details about when something happened, where something happened and who was involved in the situation that you are complaining about.

Attach more sheets if necessary.

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**B. Please fill out this section if you are a young person**

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Last Name	First Name	Middle Name
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Date of Birth (yyyy/mm/dd)	Band of Native Community (If applicable)
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Address (Number and Street)	Suite/Unit/Apt.
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City/Town	Province	Postal Code
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Telephone Number	Cellular Telephone Number	Email
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Social Media Contact Info

**C. IF YOU ARE ANYONE OTHER THAN A YOUNG PERSON RECEIVING SERVICES FROM A CHILDREN'S AID SOCIETY PLEASE FILL OUT THIS SECTION**

Last Name	First Name	Middle Name
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Address (Number and Street)	Suite/Unit/Apt.
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City/Town	Province	Postal Code
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Telephone Number (Day)	Telephone Number (Evening)	Cellular Telephone Number
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Email / Social Media Contact Information

**Information about the Child:**

Child's First Name	Child's Middle Name	Child's Last Name
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Child's Date of Birth (yyyy/mm/dd)	Child's Band of Native Community (If applicable)
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Child's Address (Number and Street)	Suite/Unit/Apt.
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City/Town	Province	Postal Code
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Telephone Number	Cellular Telephone Number	Email
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Social Media Contact Info

**Provincial Advocate**  
*for Children & Youth*

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**D. What Children's Residence is your complaint about?**

Residence Name

Residence Address

Residence Telephone Number

Parent Company (if applicable)

**E. Which Children's Aid Society placed you in this residence?**

Children's Aid Society Name

Children's Aid Society Address

Children's Aid Society Telephone Number    Name of Worker

**Provincial Advocate**  
*for Children & Youth*

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**F. Have you made a complaint about this situation to the children's residence in question?**

Yes    No

**G. What was the result of your complaint to the children's residence?**

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**H. Have you made a complaint about this situation to the Ministry of Children and Youth Services?**

Yes    No

**I. What was the result of your complaint to the Ministry of Children and Youth Services?**

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**J. Do you have a suggestion about how your concern could be resolved?**

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Name (Please Print)

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Signature

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Date (yyyy/mm/dd)