*To be completed at the conclusion of the complaint review or investigation. This form is for internal agency files only.*

*Confidential and for Internal Use Only*

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Staff Member** | **Date** |
| Complaint acknowledged |  |  |
| Complaint reviewed informally |  |  |
| Investigation of complaint completed (if any) |  |  |
| Debrief of resolution/findings and recommendations with complainant(s) |  |  |
| Debrief of resolution/findings and recommendations with respondent(s) |  |  |
| Confirmation of recommendations with management |  |  |
| External complaint process offered (e.g. PACY) |  |  |
| Complaint entered into Complaint Tracking Form |  |  |
| Follow-up with complainant(s) to check on the implementation of the recommendations |  |  |

|  |
| --- |
| **1. Initial Receipt of Complaint** |

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Staff member who received complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Complaint Received | In Person | Email | Phone |
| --- | --- | --- | --- |
|  | Written Complaint Form | Advocate  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Person(s) involved in handling complaint and role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Nations, Inuit or Métis or MCMR Diversity Rep advised:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **2. Details of Complaint** |

Complainant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child involved (if not complainant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Complaint:

|  |
| --- |
|  |

Outcome Sought by Complainant and/or Child:

|  |
| --- |
|  |

|  |
| --- |
| **3. Investigative Information** |

| **Documents Examined** | Child File  Text message  Prior Complaints | Personnel File  Daily Log  Other | Email  Staff/Supervisor Notes |
| --- | --- | --- | --- |

|  |
| --- |
| {list relevant documents} |

**Interviews/Statements of Parties/Witnesses**

|  |
| --- |
| 1.Name, Position and Date  Interview Response |
| 2 .Name, Position and Date  Interview Response |
| 3. Name, Position and Date  Interview Response |

**Review of Relevant Agency Policies and Ministry Standards**

|  |
| --- |
| {list applicable policies and standards} |

**First Nations, Inuit or Métis** **or MCMR Diversity Rep Consulted and Information Provided**

|  |
| --- |
|  |

**Any Unresolved Issues or Outstanding Information Needed**

|  |
| --- |
|  |

|  |
| --- |
| **4. Findings and Conclusions** |

Date resolved: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complaint Substantiated

Complaint Unsubstantiated

Complaint Inconclusive

Complaint Withdrawn or Deferred (include reasons) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint Outcome Details**

|  |
| --- |
|  |

**Did Complainant agree with outcome?**  Yes  No

**Action Taken**

|  |
| --- |
|  |

**Recommendation for Changes to Policies /Procedures (where applicable**)

|  |
| --- |
|  |

**Complaint referred to external agency?**

CAS  MCYS  PACY  First Nations, Inuit or Métis/Diversity Rep  Other \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **5. Complaint Closure and Follow Up** |

Date Complainant(s) informed of outcome: \_\_\_ / \_\_\_ / \_\_\_

*If Complainant(s) is not the child, date child is informed: \_\_ / \_\_\_ /\_\_*

Date Respondent(s) informed of outcome: \_\_\_ / \_\_\_ / \_\_\_

Complaint closed?  Yes  No

Date closed: \_\_\_ / \_\_\_ / \_\_\_

Complaint entered into Complaint Tracking Form?  Yes  No

|  |
| --- |
| **6. Signatures** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Date

Completing Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director Date