



## COMPLAINT OUTCOME FORM

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

<input type="checkbox"/> In Person	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> Written Complaint Form	<input type="checkbox"/> Advocate _____	<input type="checkbox"/> 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

<b>Documents Examined</b>	<input type="checkbox"/> Child File	<input type="checkbox"/> Personnel File	<input type="checkbox"/> Email
	<input type="checkbox"/> Text message	<input type="checkbox"/> Daily Log	<input type="checkbox"/> Staff/Supervisor
	<input type="checkbox"/> Prior	<input type="checkbox"/> Other	<input type="checkbox"/> Notes
	<input type="checkbox"/> Complaints		

{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  
Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date