

I Have A Concern...

Form 4

Confidential

My Name: _____

Today's Date: _____



My Concern

You don't have to answer all the questions. Do not guess. It's ok to leave a box empty.

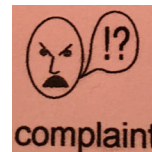
*If you need more help, please ask for it. *

** You can call the Provincial Advocate's Office at any time at 1-800-263-2841**

When the form is done you can give it to:

[Name of Complaints Handling Staff]

What are you unhappy about?



When did it happen?



Month _____

Day _____

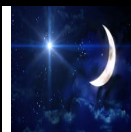


Morning



Lunchtime

Afternoon



Evening

Night



Bedtime

Where did it happen?



Who was involved?



How do you want this changed?



What has been done to try to change it?



How are you feeling about what has happened?

How are you feeling?



Happy



Joyful



Content



Silly



Sad



Angry



Scared



Worried



Confused



Surprised



Hurt



Embarrassed

Did someone help you fill this form out? If yes, who?

