# 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\*\*

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| --- | --- |
| **When the form is done you can give it to:**

|  |
| --- |
| **[Name of Complaints Handling Staff]** |

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| --- |
|  COMPLAINANT INFORMATION |
| Date: | Program: |
| Your Name: | Contact Number:  |
| Worker/Parent: | PACY Notified? [ ]  Yes [ ]  No |

|  |
| --- |
| COMPLAINT INFORMATION |
| Summary of Complaint – Please provide as much information/detail as you can remember**If you are completing this on behalf of another person, please write verbatim as much as possible. If you need more space, you can attach another page(s).** |
| What is your complaint about?  | When did it happen?  |
| Where did it happen?  | Who was involved? |
| Describe how this incident impacted you and how it made you feel? (optional)  |
| What has been done to try to address the concern? (optional) |
| How would you like to see your complaint or concern addressed? |
| Did someone help you fill this form out? If yes, who [ ]  Yes [ ]  No |

|  |
| --- |
| SIGNATURES |
| Signature of Person making complaint |  |
| Signature of Staff receiving complaint |  |
| Signature of Person helping fill out form |  |
| Signature of Director |  |
| Date form forwarded to Child Welfare Worker |  [ ]  N/A |