# 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]** | |

|  |  |
| --- | --- |
| 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 |