*The Complaint Process must be provided to the child’s parent/representative at the time of the child’s admission (within 24 hours), or within 7 days of admission to a Residential Program.*

We support every person’s right to share compliments, feedback, concerns, or to make a complaint.

**If you have a concern, we want to hear from you.**

Open and timely communication is essential and beneficial to our ongoing relationship with you. We want to work with you to resolve concerns or complaints as a part of our commitment to providing quality service to children and their families.

**Attached is a copy of our *Complaint Handling Procedure Brochure* for you to review**.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. Children’s Aid Society, First Nations, Inuit or Métis community, agency, parent, etc.), having legal guardianship of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child), have been provided with the Complaint Procedure Handling Brochure for **[RSP].**

I have had the opportunity to ask questions about the complaint process and **[RSP]** has answered my questions to my satisfaction. I know that I can speak with any of the following people about any questions, concerns, complaints and/or inquiries, or for help:

[RSP] Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provincial Advocate (PACY) Contact: 1-800-263-2841

First Nations, Inuit or Métis or MCMR Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_\_\_\_\_

Ontario Ombudsman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Provincial Parliament: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand my obligation(s) as identified in the Duty to Report provisions of the CYFSA.

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

 Signature of Parent/Representative Date

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

 Staff Reviewing Complaint Procedures Date