*The Complaint Process must be reviewed with a child at the time of admission (within 24 hours) to a Residential program, at the 30-day Plan of Care and every 6 months thereafter.*

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

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

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been given a copy of the Complaint Handling Procedure Brochure for **[RSP]** and the complaint process has been explained to me. I have asked for the following special assistance to help me understand how and to whom to make a complaint or express a concern about my rights or how I am being taken care of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*List any assistance requested*)

I have had the opportunity to ask questions about the complaint process and **[RSP]** has answered my questions so I understand. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Welfare Worker or Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_

Child Welfare Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Child Date

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

Signature of **[RSP]** Staff Date

[ ]  The child has been able to explain their understanding of the complaint process to a staff member. \_\_\_\_\_\_\_\_\_

 Staff Initials

[ ]  Due to the following circumstances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the child’s understanding of their rights or ability to participate in the complaint process cannot be confirmed at this time. The process has been explained to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[name, role]** who will act as an advocate on the child’s behalf. \_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff Initials

|  |
| --- |
| Review of Complaint Process *The Complaints Process must be reviewed with a child at the time of admission (within 24 hours) to a Residential Program, at the 30-day Plan of Care Meeting and every 6 months thereafter.* |
| DATE OF REVIEW | SIGNATURE OF CHILD  | SIGNATURE OF STAFF  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |