

ACKNOWLEDGEMENT of REVIEW of the COMPLAINT PROCESS (Child)

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 h | have been given a copy of the | |
|--|---|--|
| Complaint Handling Procedure Brochure | e for [RSP] and the complaint | |
| process has been explained to me. I have | | |
| special assistance to help me understar | | |
| complaint or express a concern about n taken care of: | ny rights or how I am being | |
| | | |
| (List any assistance requested) | | |
| I have had the opportunity to ask opportunity and [RSP] has answered my know that I can speak with any of the questions, concerns, complaints and/or | questions so I understand. I he following people about any | |
| [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 Re Contact: | ep: | |
| Ontario Ombudsman: | Contact: | |
| Member of Provincial Parliament: | Contact: | |





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| Signature of Child | d | Date |
|-------------------------------------|--|--|
| | | |
| Signature of [RS | P] Staff | Date |
| | been able to explain their of to a staff member. | understanding of the |
| | | Staff Initials |
| Due to the foll | owing circumstances | |
| the child's unders | standing of their rights or a | ability to participate in the |
| complaint process been explained to | s cannot be confirmed at t | his time. The process has |
| ' | o will act as an advocate o | on the child's behalf. |
| | | Staff Initials |
| | | Jean Initials |
| Re | eview of Complain | t Process |
| | rocess must be reviewed with a | |
| (within 24 hours) to | o a Residential Program, at the S every 6 months therea | 30-day Plan of Care Meeting and fter. |
| DATE OF DEVIEW | CICNATURE OF CUIL R | CICNATURE OF CTAFE |
| DATE OF REVIEW | SIGNATURE OF CHILD | SIGNATURE OF STAFF |
| | | |
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