



ARE YOU: Client Staff Other

Part A (to be completed by person lodging form). Date: _____

Name of person lodging complaint: _____

Name of person(s) complaint is regarding: _____

Name of person complaint form submitted to: _____

Does the complaint involve alleged Assault/Neglect/Abuse of a resident/client? Yes* / No

**If Yes you must immediately report the matter to the CEO*

Describe complaint:

What improvements/actions do you believe could resolve the matter ?

Name of person submitting this form

Signature

Date