



## CONCERNS OR COMPLAINTS FORM

### **Instructions to Complainant**

This form is for use in the Concerns and Complaints Process at Choices as a record of the unresolved concern or complaint being brought forward. The purpose of this process is to ensure ongoing communication and come to a satisfactory resolution based on our Just Culture and Positive Inquiry Practices.

The form is to be completed by the person with the complaint. Please answer the questions below as clearly and concisely as possible (please attach an additional sheet of paper if additional space is required) and fax, mail or e-mail this form to the Quality Assurance Office. The person reviewing your complaint will contact you within two (2) business day to confirm receipt of your complaint.

The complaint will only be accepted if this form is signed and dated by the person making the complaint. If the complainant is an organization, a signing officer representing the organization must sign and date the Complaint Form.

**Date of the Complaint or Concern:**

**Complainant contact information:**

Full Name:

Name of Organization (if applicable):

Address:

Home phone number:

Work phone number:

Fax number:

Email Address:

***Note: Your contact information will be kept confidential. Please tell us if you have any concerns receiving calls or emails from us.***

Are you a Person Supported of Choices?  Yes  No

If no, what is your relationship to Choices?

Please give the name of the Person Supported you are representing:

What is your legal status in this relationship? (Parent, Guardian, Trustee...)

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### Information about your complaint:

1. Is the complaint about a staff member or Administrator? If so, please provide their name.
2. Is the complaint about a:
  - a. Service at Choices?
  - b. Policy of Choices?
  - c. Procedure at Choices?
3. Please describe the complaint in your own words and describe what happened, where and when it occurred and the names of any witnesses.
4. How would you like to resolve this complaint?
5. List and attach copies of any supporting documents you think we should know about. Do not send originals.
6. Send a copy via email to Rebecca Mutch, Quality Assurance Manager to [rmutch@choicesgroup.org](mailto:rmutch@choicesgroup.org)  
or mail a copy to: Choices  
59 Kirby Avenue  
Unit 10 &11  
Dundas, ON L9H 6P3

### Privacy:

I understand that:

The complaint that I have submitted and all the documents I have provided will be shared with the Choices staff person or Administrator to allow him or her to respond to the complaint, unless the disclosure breaches the confidentiality of neutral third parties in which case the provisions of the *Freedom of Information and Protection of Privacy Act* will need to be addressed; and

Choices Association may disclose relevant documents to the parties in its possession.

I agree that documents that I obtain from Choices during the course of the investigation of this complaint will be used only for the purpose of this complaint and that any other use is prohibited.

**Signature:**

**Date:**