

## COMPLAINT AND SUGGESTION FORM

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This report will be reviewed by the director of the services in question and/or the Executive Director. Every effort will be made to contact you within 10 days of receiving your suggestion or complaint. You have the right to appeal the decision relating to a complaint within a reasonable time of receiving a response. Individuals may use the support of an advocate during any stage of the complaint process. Making a complaint will not result in retaliation or barriers to service. Thank you for taking the time to help us improve our services.

**Date:** \_\_\_\_\_

**Person making complaint/suggestion:** \_\_\_\_\_

**Contact Information (address/phone):** \_\_\_\_\_

**Area of Concern or Request (attach additional pages if necessary):**

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**Date of Incident (if applicable):** \_\_\_\_\_

**Action Requested :** \_\_\_\_\_

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**Signature:** \_\_\_\_\_

-----Office Use below this line-----

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

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\_\_\_\_\_ **Date:** \_\_\_\_\_