



48 Hillside Road, Postal Bag 2002, Little Current, Ontario POP IKO T: 705-368-2182 F: 705-368-2229

CLIENT COMPLAINT FORM	
Date of Incident:	Time of Incident:
Where the incident took place:	
Persons involved:	
Describe what happened:	
What would you like happen as a result of your complaint?	
<p>Are you willing to meet with the person involved with your complaint and/or their manager to try to resolve this issue?                      No                      Yes</p> <p>If yes, please identify those you are willing to meet with:</p> <p>Name of staff/volunteer/student: _____</p> <p>Name of manager: _____</p>	
<p>In order to follow up on this complaint, we will need your name, address, or place you can be reached, and phone number, email address (if you have one). This information will only be shared with those directly involved in the complaint process.</p> <p>Name: Address: Phone #: Email: Date:</p> <p>Please place the complaint form in an envelope, seal it and mark it CONFIDENTIAL and address it to: <b>Executive Director Noojmowin Teg Health Centre – See address above.</b></p> <p>Thank you for taking the time to express your complaint. We will make every effort to resolve this issue as quickly as possible.</p>	