

FEEDBACK/COMPLAINT FORM

Today's Date: _____ Issue Date: _____ Time: _____

Issue involves: Staff Client Visitor Volunteer Other

Name(s) of person(s) involved:

Address:

Phone: _____ Chart (if applicable): _____

Description of Issue :(brief, factual account of issue including statement by client, visitor, volunteer and/or staff)

Signature of person receiving feedback: _____

Date: _____

Step 1 – Discuss the issue with the individual

Action Taken /Resolution achieved:

Comments from employee involved:

Employee Signature: _____

Date: _____

Issue Resolved? Yes or No

Signature of person completing form: _____

Supervisor/Manager Signature _____

Executive Director Signature: _____

Place in Quality Assurance File: Yes or No

Step 2 – Speak to Coordinator/Executive Director

Action Taken /Resolution achieved:

Issue Resolved? Yes or No

Coordinator Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

Place in Quality Assurance File: Yes or No

Step 3 – Complaint still not resolved

Option A

Meeting scheduled for: _____

Written report completed: _____

Executive Director ruling:

Executive Director Signature: _____ Date: _____

Option B

Mediator involved: Yes or No

Date of interview: _____

Recommendations/Resolution actions:

Mediator Signature: _____ Date: _____

Place in Quality Assurance file: Yes or No

Step 4 – Complaint still not resolved

If the employee is not satisfied with the decision of the Executive Director, he/she may submit a concern to the Chairperson of the Board of Directors (the “Board”) via e-mail at: board@wechc.on.ca within 10 days of receiving the Executive Director’s response