

Complaint Record Form

Date: _____

Name (if you want): _____

Address: _____ Phone Number: _____

What I'm not happy about:

What I would like is:

Please use another piece of paper if you need more space to write

Person who helped me with this form: _____

Signed: _____ Date: _____

If you are not happy with the service you are getting, you might want to ask someone to help you talk to us about it. The steps listed below list what you should do:

1. Talk to the person you are having a problem with and tell them what you are unhappy about.
2. If that does not solve the problem, then next you can speak to the Program Manager. The Program Manager will set a time to meet with you within fourteen (14) days and help you fill out a Complaint Record Form. Or you can ask someone else to help you fill out this form.
3. If after thirty (30) days, you are still not happy, you should ask to speak with the Program Director. The Program Director will meet with you to hear your concerns.
4. If after twenty (20) days you are still not happy, next you would speak to the Executive Director. The Executive Director will meet with you within ten (10) days. The Executive Director may ask someone outside the Society to help solve the problem. The decision of this person or the Executive Director's decision is the final decision within the Society.
5. If you are still not happy you can contact the Advocate for Service Quality and they can help you to try to solve the problem. The Advocate for Service Quality can be reached at :

Advocate for Service Quality
2nd Floor -555 West 8th Avenue
Vancouver, B.C. V5Z 1C8

604 775-1238

www.cf.gov.bc.ca/getting_help/advocate_service_quality.htm

You should feel comfortable to tell us when you are not happy. We will not be upset or treat you differently if you tell us you are not happy. We want you to be happy and to offer the best service to you we can.

FOR OFFICE USE ONLY	
Complaint Received by: _____	Date: _____
<input type="checkbox"/> Resolved <input type="checkbox"/> Not Resolved	
<input type="checkbox"/> Referred to: _____	Date: _____