

Your Views Count: COMPLAINT REPORT FORM

Client Name or Topic: _____

House / Unit / Department/ Area: _____

Report completed by: Client Staff
 Client Parent/Guardian Volunteer/Visitor
 Client Representative Other: _____

Explanation of Complaint (brief outline including any witnesses – use reverse side if more space required)

Date

Signature of Complainant

**Signature of person making report on behalf of
Complainant (if differs from person writing report)*

Signature of Person Receiving Report

Follow-up Action Taken: (office use)

Complainant provided contact information for Director of Child Welfare and/or appropriate Ombudsman's office
*Youth Services 1-888-839-6884, Ombudsman 1-800-670-1111
 The Office of the Ombudsman, PO Box 2152, Halifax, Nova Scotia B3J 3B7*

Copy of Complaint Report form sent to CEO and/or Director