# Complaint Registration Form

To be completed by staff and submitted to management when a person wishes to make a formal complaint against an CommunitiCare Health employee. All formal complaints received must be brought to the attention of the Executive Director by the recipient of the complaint.

## Reporter and Complainant Information

Please provide the following information about the person reporting the complaint and who the complaint is being reported on behalf of, if applicable.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Date of Complaint: | |  | |
| Phone Number: |  | | Email Address: | |  | |
| Position: |  | | Program: | |  | |
| Supervisor: |  | |  | |  | |
| Relationship to CommunitiCare Health: | ☐ Client-Member | | | ☐ Family | | ☐ Staff Member |
|  | ☐Other: |  | | | |  |

If the complaint is being made on behalf of someone else, please specify:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Phone Number: |  | Email Address: |  |
| Address: |  | | |
|  |  | | |

## Complaint Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complaint Type: | ☐ Inappropriate Conduct | | ☐ Violation of Policy | ☐ Unfair Treatment |
|  | ☐ Privacy Issue/Breach | | ☐ Discrimination | ☐ Harassment |
|  | ☐ Sexual Solicitation | | ☐ Threats | ☐ Misconduct |
|  | ☐ Inadequate Service | | ☐ Dissatisfaction | ☐ Alleged Theft |
|  | ☐ Conflict of Interest | | ☐ Reprisal/Retaliation |  |
|  | ☐ Other: |  | | |
|  |  |
|  |
|  |

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## Complaint Information

Please provide the following information on the individual who is the subject of the complaint (i.e. who you are making the complaint about).

|  |  |  |  |
| --- | --- | --- | --- |
| Worker Name: |  | Position: |  |
| Program: |  | Supervisor: |  |

|  |
| --- |
| Please provide details of the complaint, including (if applicable) what happened, where it happened, when it happened and the names and contact information of anyone who saw it. If more space is needed, attach the details to this form. If you are completing the form on behalf of someone else, provide the complainant with the opportunity to confirm (in person, by fax, phone or email) that the details are accurate. |
|  |

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## Witness Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Program: |  |
| Phone Number: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Program: |  |
| Phone Number: |  | Email: |  |

## Response Information

|  |
| --- |
| What are you hoping will be the outcome of this complaint? |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Complaint INITIALLY made to: | | | | Name: |  | |
| ☐ Frontline Staff | | ☐ Management | ☐ Executive Director | | | ☐ Board of Directors |
| ☐ Other: |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If complaint is being REFERRED, indicate to whom: | | | | Name: |  | |
| ☐ Management | | ☐ Executive Director | ☐ Board of Directors | | | ☐ MOHLTC |
| ☐ Other: |  | | | | | |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Reporter: |  |  |  |
| Complainant: |  |  |  |
|  | Name | Signature | Date |

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Complaint Referrals

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | Date: |  |

## Complaint Resolution Plan

Please describe any action(s) taken to resolve the complaint and any further action(s) to be implemented.

|  |  |  |
| --- | --- | --- |
| Follow-up/Corrective Action Plan | Target Date | Person(s) Responsible |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Outcome

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Resolved: | | ☐ Yes | ☐ No | Date: | |  |
| To satisfaction of the complainant? | | ☐ Yes | ☐ No |  |  | |
| Comments: |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| Management Signature: |  | | | Date: | |  |

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