

	Policy No. SS-20002
	Version No. 1.0
Classification: Supports and Services	Subject: Feedback and Complaints Form
Date Reviewed: September 15, 2023	Date Revised: September 15, 2023
Date Approved: April 8 2024	Approved by: J.Croft, Executive Director
	Page 1 of 2

The only official version of CLNP documents is the online version.

PART 1 – INCIDENT DETAILS (to be completed by party reporting incident)	
Date of report	
Reporter's name	
Contact information	
Location of Concern, Issue, Complaint	
Date of Concern, Issue, Complaint	
Time of Concern, Issue, Complaint	<input type="checkbox"/> AM <input type="checkbox"/> PM
Name(s) of people involved	

PART 2 – DESCRIPTION of Feedback, Concern or Complaint
In your own words, please provide detailed description of the Feedback you would like to provide or the Concern/Complaint you have.
Reporter's signature

FOR STAFF USE ONLY: Describe your resolution or purposed solution, if applicable.

Resolved: Yes No Staff Signature: _____

Forwarded to Direct Supervisor/Manager Date: _____

Manager Comments:

Manager Signature: _____ Date: _____