



Complaint Resolution Documentation Form

This form is to be used whenever a person wishes to register a formal complaint regarding our services, that cannot be resolved with those working directly with the person. We take any concerns or complaints about our services seriously and will do our best to reach a mutually agreeable resolution.

Please complete Section A and forward to the Administration Office. We will get back to you within 2 weeks (or sooner) to discuss ways to resolve this issue.

Section A: To be completed by, or on behalf of, the person making the complaint

Your Name:

Date:

Is this your own complaint, or are you filing it on behalf of another person?

☐ This is my own complaint

☐ I am making this complaint on behalf of (name):

Is there a specific service involved (one of our houses, or day services)?

If so, please tell us which one(s):

Are there any specific people involved?

If so, please tell us who:

Please describe your concerns below (attach additional pages if necessary):

Received by:

(MLS employee - sign)

Date

Received:

(Please note: If you can take immediate action to address this complaint, please do so and attach documentation of steps you have taken)

Section B: For Administration use only

Received (Admin) by:

Date

Received:

☐ Please check here if this is a Basic Assurances issue

Tracking Number:

Assign for follow-up to:

Please document follow up on the complaint follow-up form.
Return completed follow-up form to the Administration office



Complaint Resolution Documentation Form – Follow Up

For Administration use only - Follow-up and resolution:

(attach additional documentation if needed)

Complaint tracking number:

Received for follow-up (date):

Describe steps taken to follow up on this complaint (attach additional documentation if needed):

Proposed resolution of this issue:

Documentation of follow-up meeting

Date of meeting:

People present:

To be completed by the person who filed this complaint:

- ☐ I accept and am satisfied with this proposed resolution
- ☐ I do not accept this proposed resolution. I have been informed how I can appeal this matter to the Administration office, if I wish to do so.

Signature: _____

Person who completed this form:

Signature:

Date: