



**CLIENT COMPLAINT FORM**

Date of Incident:	Time of Incident:
Where the incident took place:	
Persons involved:	
Describe what happened:	
What would you like happen as a result of your complaint?	
<p>Are you willing to meet with the person involved with your complaint and/or their manager to try to resolve this issue?                      No                      Yes                      If yes, please identify those you are willing to meet with:</p>	
Name of staff/volunteer/student: _____	
Name of manager: _____	
<p>In order to follow up on this complaint, we will need your name, address, or place you can be reached, and phone number, email address (if you have one). This information will only be shared with those directly involved in the complaint process.</p>	
Name:	
Address:	
Phone #:	
Email:	
Date:	





Please place the complaint form in an envelope, seal it and mark it CONFIDENTIAL and address it to:

Mnaamodzawin Health Services Inc.  
ATTN: Human Resources Officer  
48 Hillside  
Aundeck Oni Kaning First Nation  
Little Current, Ontario  
POP IKO

Thank you for taking the time to express your complaint. We will make every effort to resolve this issue as quickly as possible.

