

COMPLAINT FORM

To make a complaint, please complete this form and mail, fax or email it to the Executive Director of the Elizabeth Fry Society of Ottawa at the address provided at the end of the form

If you would like to talk to someone about the conduct of a staff member or about the complaint process before lodging a formal complaint, please contact the Office Manager at 613-237-7427, ext. 113 or at 1-800-611-4755

What the Elizabeth Fry Society cannot do;

- Address complaints about individuals who do not work for the Elizabeth Fry Society of Ottawa
- Award money or damages

Date of Birth:

- Consider anonymously placed complaints
- Process complaints without notifying the Agency Member about the complaint

A. PERSON FILING THE COMPLAINT						
First Name:	Last Name:					
Address:						
City:	Province:	Postal Code:				
Phone:	Email:					
*Anonymous complain	its cannot be processed					
relationship to the client a	the Agency Member to whom the cond provide details about the client in t					
First Name:	Last Name:					
Address:						
City:	Province:	Postal Code:				
Phone:	Email:					

If you are filing a complaint on behalf of another individual, the Elizabeth Fry Society of Ottawa will require the individual to provide consent to access personal information related to the complaint.

	Support Worker	□ Program	Manager
	Program Staff	□ Executive	Director
First	Name:	Last Na	ame:
	nable inquiry the Elizabeth Fry		provide sufficient details so that by can determine the name of the Agency
Agenc	laints against Agency Memb cy Members cannot be proce DETAILS OF COMPLAINT		e identified or individuals who are not
genc	ry Members cannot be proce	ssed.	
D. D.	ey Members cannot be proce	wing details relevan	
D. D. STEI	P #1: Please provide the follow	wing details relevan	nt to the complaint
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If you require additional space you may attach a separate sheet.

STEP #3: Based on the information you provided in steps 1 and 2, please list the concerns about the Agency Member's conduct or actions that you wish the Elizabeth Fry Society of Ottawa to investigate in the numbered spaces below.

*** NOTE: Please ensure that all of your concerns about the Agency Member's conduct or actions are included below. Any concerns not included on this Form may result in the Elizabeth Fry Society of Ottawa being unable to process those concerns.
Concern #1:
Why are you concerned about this?
Concern #2:
Why are you concerned about this?
Concern #3:
Why are you concerned about this?

If there are more than three areas of concern, please attach on a separate sheet.

F	ACKNOWI	FDCFMFNT	AND	SIGNATURE
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I have read and I understand the following:

I understand that the Elizabeth Fry Society of Ottawa may obtain my relevant personal information (including the case notes of the Agency Member) as part of the investigation. The Elizabeth Fry Society of Ottawa may share some or all of the information and documents that it receives from me and other parties with the Agency Member complained about.

The information on this form is collected and will be used to process the complaint.

I understand that if this complaint is referred to the Board of Directors, personal information and other information collected during the investigation must be disclosed to the Agency Member and may be considered during a meeting of the Executive Committee.

Print Name:	Signature:	Date:

Please mail, fax or email the signed Complaint Form and any related documents to:

Executive Director

Elizabeth Fry Society of Ottawa 211 Bronson Avenue, Suite 311 Ottawa. ON K1R 6H5

Fax: 613.237.8312

Email: info@efryottawa.com