

Ready. Support. Go.

COMPLAINT FORM

A **complaint** is any verbal or written expression of dissatisfaction or discontent from a person served or stakeholder of BeConnected. A **concern** is information which may become a complaint in the future if not addressed.

BSS encourages all individuals to bring forward concerns or complaints they may have about the Agency. When concerns or complaints are brought forward, BSS is committed to resolving the matter in a timely and appropriate manner.

marmer.				
Your Name:		Date:		
Your Relationship with BeConnec	cted:			
Phone No.:	Cell No.:	Email:		
			: Prov.:	
☐ Community Activity/Liaison				onment ty of Services
What are the specifics of your c	omplaint?			
Describe any efforts, if any, you	have made to remedy	this complaint		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
What would you like to see char	nge?			
For Office/Coordinates Hee				
For Office/Coordinator Use:	D	is and Day		
Date Received:		ived By:		
(Fol	llow Up on Page 2 to b	e submitted to DQAP)		



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COMPLAINT FORM FOLLOW-UP					
Home Coordinator's investigation into complaint:					
Home Coordinator's actions to resolve this complaint:					
Further follow-up required? \square No \square Yes, complete the action plan below					
Goal(s)	Person	Target Date	Completion		
()	Responsible	3	Date		
Resolution:					
resolution.					
Resolution accepted by complainant? $\ \square$ Yes $\ \square$ No					
Closed Date: Closed by Sign.	ature:				
Director of Quality Assurance and Practice					
Date Received: Signature:					