

**RESIDENT 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.

Name: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Choose:**

- "I filled this out myself"
- "My caregiver assisted me to fill this form out" Name: \_\_\_\_\_
- "My caregiver filled this form out on my behalf" Name: \_\_\_\_\_

**What is this about?**

- Home       Staff       Roommate       School/Work/Day Program
- Communication       Family       Health & Safety       Access/Barriers
- BeConnected       Other: \_\_\_\_\_

**Scale of 'How Important'**

Not Very Important	So-so Important	Important!	Really Important	Extremely Important
①	②	③	④	⑤

**What is the problem?**

**What has already been tried to solve the problem?**

**Action plan:**

Follow-up Required?     No     Yes, feedback follow up form attached

Home Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_