



# SECWPEMC CHILD & FAMILY SERVICES



## COMPLAINT SUBMISSION FORM

The Secwepemc Child and Family Services Agency strives to deliver exceptional, equitable and accessible services to the children and families we serve. If individuals are dissatisfied with the service they receive, the agency wants to ensure that the process to make a complaint is simple and thorough. The purpose of this form is to allow you (the complainant) to file your complaint and provide us with the details to undertake an investigation.

**Please note:** Anonymous complaints may not be investigated.

### Completed by Complainant

#### 1. Contact Information

First Name		Last Name	
Address			
City/Town		Province	Postal Code
Home Phone	Work Phone	Mobile Phone	Email

2. Please explain your concern: (the issue, what happened, who was involved)

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3. What would you like to see happen?

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4. What is the best time to contact you? \_\_\_\_\_

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Signature

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Date