COMMUNITY LIVING
Chatham-Kent

# INTERNAL / EXTERNAL COMPLAINT FORM

## Section 1

Description of Complaint: (Completed by agency employee for an external verbal complaint.)

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_____ _____
Signature Date

## Section 2

Date Complaint Received: _____ ❑ Internal Complaint ❑External Complaint

❑ Written Complaint ❑ Verbal Complaint

Written Complaint Attached: ❑ Yes ❑ No – proceed to section 2

Written Response Attached: ❑ Yes ❑ No – proceed to section 3

## Section 3

Written Response: (give details of response/solutions and outcomes or attach written response)

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_____ _____
Employee Signature Date

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Chatham-Kent

**Submit to Quality Assurance and Planning Manager**

**Section 4:** (Completed by Quality Assurance and Planning Manager)

Date Received: _____ Date Submitted to Director: _____

Date Reviewed By Threat Assessment Team Chair & Quality Assurance and Planning Manager: _____

Need for Immediate Threat Assessment Team Follow Up: ❑ Yes ❑ No

- If yes, date of Threat Assessment Committee Review:_____

Threat Assessment Committee 6 Month Review Date :_____

**Section 5: (**Additional comments/recommendations from Threat Assessment Team:)

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Attach all additional information as applicable.

Signatures:

_____ _____
Threat Assessment Team Chair Date:

_____ _____
Quality Assurance and Planning Manager Date:

cc. Personnel File if applicable ❑