



Client concern, suggestion or compliment form

The OCCRC recognizes that in spite of efforts made to meet clients' needs, there may be times when clients are not satisfied with the services received. We will address accordingly any correspondence or concern received from a client regarding a program or service at the OCCRC.

Please fill out this form – with the help of staff as necessary. ****Please print****

Name: (first, last): _____ Date: (m/d/y) _____

Mailing address: _____

Tel. No.: _____ E-mail: _____

I am submitting a (please check one only) complaint suggestion compliment

Reported (please check all that apply) in person phone e-mail mail fax

Complaint type (check all that apply)

Processes or procedures Timeliness of service Staff conduct Outcome Other (please specify)

Summary of Complaint, Suggestion or Compliment

Please record information on what happened, who was involved, dates, and times. Be as detailed as possible.

Details: (please use a second page if necessary)

For Suggestion or Compliments

May we share your suggestion or compliment and personal information with named staff member(s), and their supervisor/manager? Yes No

Complaint received by: _____ Date received: _____

Completed forms can be emailed to info@croc.ca, faxed at 613-830-4196, dropped off or mailed to 105–240 Centrum Blvd., Orléans ON K1E 3J4