

CommunityConnect Complaint Form

Before Reporting

Is the person of concern listed in CommunityConnect's service listings?*

YES

NO

Note: We cannot accept complaints regarding persons who are not on the service listing.

Did you address the person directly to let them know about your concerns?

YES

NO

Note: If there is no concern for your safety, it is strongly recommended that you speak directly with the service provider prior to submitting a complaint.

Is the Service Provider a member of a regulated College in Ontario? (look for a verified symbol on the left side of their listing)

YES

NO

If yes, file a complaint with the appropriate College.

If no, proceed to the Complaint Form.

CommunityConnect Complaint Form

We understand that conflict cannot always be solved between two disagreeing parties. Therefore, we have adopted a formal conflict resolution process as follows:

1. All complaints must be submitted in writing, following the complaint process outlined below.
2. It will be determined if the complaint is eligible for review.
3. You will receive a response within 10 business days stating whether the complaint is eligible for review.
4. If eligible for review, an investigation will commence once it has been reviewed by management.
 - All concerns are considered sensitive information and kept confidential. All formal complaints will be kept on file along with any accompanying documentation for 24 months

During this process, complaints are not to be discussed with anyone who is not a part of the investigation.

Formal complaints must be submitted within 14 days from the date of the alleged incident(s). Once a complaint has been submitted, you will receive a response within ten days.

Anonymous complaints will not be reviewed.

1. Notifier Information

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

2. Have you attempted to resolve the matter directly with the Service Provider?

YES

NO

3. Notifiers relationship to the Service Provider of Concern

Client

Colleague

Supervisor

Supervisee or Trainee

Student

Employer

Employee

Third-party agency

Other:

4. Has a complaint been filed with another agency (e.g., Child Protective Services, licensing board, third-party payer, criminal or civil litigation)?

YES

NO

5. Service Provider of Concern Details:

First Name: _____

Last Name: _____

Organization Name
(if applicable): _____

Email Address: _____

Phone Number: _____

City/Town: _____

6. Date of Alleged Violation: _____

7. Description of Alleged Violation

8. Did anyone witness the incident?

YES

NO

If yes, please provide name(s) of witness(es):

9. If applicable, describe any incident that took place previously.

10. Desired Outcome of Complaint

11. Do you wish to include any documentation to support your complaint?

YES

NO

- If documentation includes information about a service recipient, all identifying personal information must be removed (e.g., names, birth dates) from all documentation. Some examples of appropriate documentation include: emails, reports, time-stamped screen captures, links to webpages with the publicly available information.
- Please attach supporting documents to the submission email.

REDACTION REMINDER:

You must remove or black out all sensitive identifying information (e.g., client name, date of birth) before uploading supporting documentation.

Declaration

I am of legal age to sign this Notice.

I have direct knowledge of the alleged violation(s).

I agree to the terms and conditions stipulated in this Notice and I affirm that I have only provided truthful and accurate information in this Notice.

The information provided in this Notice is true and accurate to the best of my knowledge.

If I am not the recipient of services or a parent or legal guardian of the recipient of services, I have obtained permission to file this Notice from the recipient of services or parent or legal guardian of the recipient of services.

Click on the "Yes" Box to agree to the above conditions. You may not submit a Notice without agreeing to the above conditions.*

YES: I agree to the above conditions.

Notifier Signature: _____

First and Last Name: _____

Date: _____

I attest that I am the signer in this agreement and that the information provided herein is true and accurate to the best of my knowledge. This agreement may be executed by the electronically transmitted signature (typed name in signature field), and such signature shall be deemed to be as valid as an original signature.