

Complaint Form



Person making the complaint (please print)

Name:	
Address:	
Home Phone:	Work Phone:
E-mail:	

Complaint (please print)

<u>Program area concerned</u> with the complaint
<input type="checkbox"/> Assisted Living <input type="checkbox"/> Corporate <input type="checkbox"/> Home Support <input type="checkbox"/> Property
<input type="checkbox"/> Community Development <input type="checkbox"/> Developmental Services
<i>Describe the issue/complaint and how it affects you. (Please give as much detail as possible, use back of page if additional space is required.)</i>

Please send this form to: **Carebridge Community Support** 67 Industrial Drive, PO Box 610 Almonte, ON KOA 1A0
Attention: Customer Service

- *A member of the Carebridge Community Support Management Team will contact you within 5 business days to follow up with your complaint.*
- *If the complaint form is not signed and dated the complaint will not be registered.*

Signature: _____

Date: _____