



Frontenac Youth Services External Complaint Form

Date: _____

Type of External Complaint:

Individual

Organization

Other:

Details of external complaint (include dates and times of occurrence), attach notes if more space is required.

Name of person initiating complaint

Signature of person initiating complaint

Contact Information: Phone: _____ Email: _____

Name of staff receiving complaint

Signature of staff receiving complaint

Investigation Notes (attached notes if more space is required)

Outcomes and Recommendations

Signature of Executive Director

Date