SERVICE COMPLAINT

Complainants Details (Optional)	
Name:	Phone #:
Email:	Address:

☐ Person Receiving Service
☐ Family Member
☐ Support Person
☐ Community Member
☐ Staff Member

Complaint Information
Who or what is your complaint about?
Please describe what happened.
When did this happen? **Date:** **Time:**
Where did this happen?

Outcome
What would you like us to do to resolve your complaint?

Contact Preference

☐ Phone
☐ Email
☐ No Follow-up requested

Consent

☐ I understand that the information I provide will be reviewed in accordance with the organization's complaints process.

Submit Complaint:

Email: complaints@dslg.ca

Mail:
Developmental Services of Leeds and Grenville
61 King Street East
Brockville, ON
K6V 1B2

If you require assistance completing this form or need it in an alternate format, please contact us at 613-345-1290 or complaints@dslg.ca. We are happy to help.

We appreciate you taking the time to let us know about your concern. Your complaint will be reviewed, and if you provided contact information, we will respond as soon as possible.

If your complaint involves someone's immediate health or safety, please contact us directly instead of using this form.