Social Planning Toronto

External Complaints Policy Form

Date: ____________________

Type of Complaint

☐ Individual
☐ Organization
☐ Group, Coalition, or Other: ________________________________

Details of complaint (include dates & time of occurrence, attach notes if more space required)

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Signature of person initiating the complaint

Signature of Staff receiving complaint

Investigation Notes (attach notes if more space is required)

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Outcomes and Recommendations

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Signature of Executive Director

Date