



COMPLAINT TRACKING FORM

November 2013

Hospice King-Aurora (HKA) aims to deliver exceptional service. This form is to be used to address complaints about our activities, programs, services, staff or volunteers.

Definition of a Complaint: A complaint is an expression of dissatisfaction about the service, actions, or lack of action by HKA as an organization or a staff member or volunteer acting on behalf of HKA. Examples include: perceived failure to do something agreed upon, failure to observe policy or procedure, error made by a staff member/volunteer or unfair or discourteous actions/statements by staff member/volunteer.

All complaints are treated with confidentiality in mind. In fairness to all involved, anonymous complaints about HKA activities, programs and operations will not be accepted. Anonymous complaints related to HKA code of conduct will be considered.

CONTACT INFORMATION

Date _____

Name of complainant (first, last) _____

Address _____

City/Town _____ Prov _____ P Code _____

Phone (daytime) _____ (evening) _____

Email _____

Channel Reported

in person phone email mail fax

Summary of Complaint Please record information on what happened, who was involved, dates and times. Be as detailed as possible. Please attach extra paper if there is not enough room here

Staff person involved (if known/applicable) _____

Type of complaint

- process or procedure
- staff conduct
- access to services
- timeliness of service
- other _____

Desired outcome

- explanation
- apology (written/verbal)
- training/education for staff
- other _____

Timeline

HKA endeavours to provide timely response to all complaints within 1-2 working days. If this is not possible, you will be contacted and given a reason why the timeline is being adjusted.

TO BE FILLED IN BY HKA

Date complaint is received by HKA _____

Name of Staff Member receiving complaint _____

Comments _____

