**TAYSIDE COMMUNITY RESIDENTIAL & SUPPORT OPTIONS**

**Complaint and Accessible Service Feedback Form**

***This form is presented in a format aimed to reduce barriers to making complaints or providing feedback by individuals of all abilities.***

**(Please Print)**

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| 1. **Please provide information on the person making the complaint:**   **Name(s**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **Please indicate the name(s) of anyone who helped complete this form:**   **Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship to person making complaint:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **Please indicate the program or service involved (check any that apply):** | | |
| Child Care Services  □ TayCare Junior  □ TayCare Senior  □ TayCare Summer Program  □ Before & After School Program | Housing  □ Rogers Road Housing | Developmental Services  □ Support Homes  □ Family Homes  □ Supported Independent Living Services  □ Accessible Customer Service  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Please tell us about the issue and how it affects you.** | | |
| **If it helps to describe the situation please circle one of the faces.** | | |
| 1. **Please tell us how we can work with you to resolve the situation or improve our services and accessibility.** | | |
| 1. **OPTIONAL: Please tell us what we are doing that you like or what is working well you.** | | |

***To be registered with Tayside Community Residential & Support Options this form must be signed and dated by the person making the complaint or by a person authorized to sign on their behalf. If submitting this form online fill in the name of the person in the signature line.***

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print out the form and submit it by:

Mail: Tayside Community Residential & Support Options

P.O. Box 707, Perth, Ontario, K7H 3K5

Scan and Email: [info@](mailto:info@)tayside.ca

Fax: 613-264-1930

In-person: Tayside Community Residential & Support Options Office

100 Wilson Street East, Perth, Ontario, K7H 1M4

You can also call Tayside Community Residential & Support Options at 613-264-0953 to make a complaint or provide feedback by telephone.

**A TAYSIDE COMMUNITY RESIDENTIAL & SUPPORT OPTIONS STAFF MEMBER WILL CONTACT YOU ABOUT THIS ISSUE WITHIN SEVEN (7) BUSINESS DAYS OF RECEIVING YOUR SIGNED FORM.**

**Office Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_ Receiving Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submission Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_