



COMPLAINTS/SATISFACTION/FEEDBACK

*First Name: _____ *Last Name: _____

*Phone #: _____ Email: _____

Address: _____

***Are you initiating this complaint on your own behalf, or on behalf of someone else?**

On my own behalf On behalf of someone else

If the complaint is being initiated on behalf of someone else please provide their full name:

*** Have you tried to informally resolve this complaint?**

Yes - With whom & when? _____ No _____

Level of Satisfaction with our program/service:

Very Satisfied Satisfied No General Opinion Dissatisfied Very Dissatisfied

***Please describe your concern/complaint or general comments.** *(attach additional pages if necessary)*

Please provide suggestions or recommendations for changes.

*Signature: _____

*Date: _____

*** Required Information for a complaint**

Please submit the form in one of the following ways:

By Mail: Indus Community Services, 3038 Hurontario St., Suite 206, Mississauga, ON, L5B 3B9

By Email: feedback@induscs.ca

Via the Feedback Boxes located in the reception area at each of our sites

OFFICE USE ONLY - Follow-up / Resolution: Attach copies of all correspondence.