



**Catulpa Community Support Services**

165 Ferris Lane, Barrie, Ontario, L4M 2Y1  
Telephone: (705) 733-3227 Fax: (705) 735-6826  
Website: www.catulpa.ca

**Stakeholder Complaint Form**

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

**Name:** \_\_\_\_\_

**Person Served:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Business No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Summary of Feedback:** (Please record information on your complaint. Be as detailed as possible, including details of who was involved, dates, and times, locations etc. If there is not enough space to describe the complaint, please attach an extra sheet. Please attach any relevant documents such as letters or reports that are relevant to your complaint.)

**Please forward completed form to:**  
Sylvie Dale  
Catulpa Community Support Services  
165 Ferris Lane  
Barrie, ON L4M 2Y1  
Fax (705) 735-6826 sdale@catulpa.on.ca

## Stakeholder Feedback and Complaint Form

***For office use only:***

**Complaint was reported:**

in person                       by phone                       by email                       by fax

**Complaint registered with:**

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Contact \_\_\_\_\_

Details: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What steps were taken to resolve the complaint?

Upon completion of the process, send notification of the outcome to all parties concerned.

Date of notification of outcome sent to parents:

Forwarded to:

Sent by:

Matter resolved on:

Manager  
Signature: \_\_\_\_\_

Staff: \_\_\_\_\_

*This document is to be kept in Catulpa's Stakeholder Feedback and Complaint Binder.*