



# SERVICE COMPLAINT FORM

2018 01

Hope House Community Hospice (HHCH) aims to deliver exceptional service. This form is to be used to address complaints about our activities, programs, experiences, services, staff or volunteers.

**Definition of a Complaint:** A complaint is an expression of dissatisfaction about the service, actions, or lack of action by HHCH as an organization or a staff member or volunteer acting on behalf of HHCH. 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 HHCH activities, programs and operations will not be accepted. Anonymous complaints related to HHCH 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

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**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**

HHCH 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.

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TO BE FILLED IN BY HHCH

Date complaint is received by HHCH \_\_\_\_\_

Name of Staff Member receiving complaint \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_