




**KAMLOOPS SEXUAL ASSAULT
COUNSELLING CENTRE**

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www.ksacc.ca

 facebook.com/kamloopsassaultcentre

 twitter.com/ksacc_ksacc

Client Complaint/Concern Form

This form is to assist you in making a complaint (or expressing a concern) to our organization. All persons wishing to do either of these may speak directly with the Agency Coordinator or complete this form. All information is strictly confidential. If you would like help completing this form, you may ask for assistance from the Front Desk Person or the Agency Coordinator. We encourage you to express your concerns in writing and to place this form in the feedback box or ask the Front Desk Person to place it in a sealed envelope addressed to the Agency Coordinator. Thank you for your interest in our Centre's well-being!

PERSONAL DETAILS (OPTIONAL)

Name: _____

Address: _____

Phone Number: _____

DETAILS OF THE CONCERN OR COMPLAINT

WHAT HAPPENED?

WHEN AND WHERE DID IT HAPPEN?

WHO WAS INVOLVED?

ANY OTHER RELEVANT DETAILS OR INFORMATION YOU WISH TO SHARE:

WHAT WOULD YOU LIKE TO SEE HAPPEN?

Thank you again for helping our Centre be the best it can be!

Charlene Eden
Agency Coordinator

PLEASE SIGN AND DATE THIS FORM

Signature (Optional)

Date

Phone # or contact # (Optional)