

## WHAT HAPPENS WITH YOUR FEEDBACK ?

We will acknowledge the compliment, concern or complaint, work with you toward a solution or share with staff your positive feedback.

## WHAT CAN I EXPECT IF I FILE A COMPLAINT?

All service areas will record and manage your complaint in a prompt and fair manner. We will make every effort to achieve this in a timely fashion and provide you with any decision and actions taken as a result of your feedback.

## WHO ELSE WILL KNOW ABOUT MY FEEDBACK?

All feedback will be shared with staff, program and location involved. All written submissions will be acknowledged in writing by the Chief Administrative Officer of the RRDSSAB.

## ATTENTION:

### Rainy River District Social Services Administration Board

450 Scott Street  
Fort Frances, ON  
P9A 1H2

Toll Free Phone: 800-265-5349  
Phone: 807-274-5349  
Fax: 807-274-0678  
E-mail: [reception@rrdssab.on.ca](mailto:reception@rrdssab.on.ca)

The Rainy River District Social Services Administration Board is committed to make every encounter with clients, families, children, and patients an opportunity for quality improvement.

## DO I HAVE TO PROVIDE MY NAME?

If you do not wish to provide your name, you do not have to. However, it will be difficult to credit the submission appropriately and will make it impossible to follow up with you.



Rainy River District  
Social Services  
Administration Board

# Compliments, Concerns and Complaints



Rainy River District  
Social Services  
Administration Board

*Meeting needs by providing  
services with caring, integrity and  
accountability*



## SERVING THE RAINY RIVER DISTRICT

ONTARIO WORKS; CHILDRENS SERVICES; SOCIAL HOUSING; LAND AMBULANCE

By completing this form, you are giving consent to share the compliment, concern or complaint within the RRDSSAB for follow up.

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### What is the first step?

Compliments, concerns and complaints are best addressed and resolved at the time and place they occur. If you have a compliment, concern or complaint, contact the person who provided the service or the manager of that area.

If you wish to write your compliment, concern or complaint please use the space provided and attach additional pages if required. It can be left with a RRDSSAB staff member or mailed to the address on the back of this form.

Our Vision: To provide quality, people centred services in an efficient, affordable, and sustainable manner.

You can help us achieve our vision and improve our services by providing your feedback.

If you need any assistance completing the form, please ask a staff member

Compliment, Concern or Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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Do you wish a Response to your feedback (Please circle)

YES

NO