

DETAILS OF THE COMPLAINT

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WITNESSES

Please list the names and contact information of witnesses or persons who were involved:

Name:	Address:
Town:	Province:
Postal Code:	Phone Number:

RESOLUTION OF COMPLAINT

I hereby give express consent to an authorized representative of the Rainy River District Social Services Administration Board (RRDSSAB), to release personal information about myself for the purpose of determining and verifying information, as necessary to investigate this complaint. I understand this consent will apply to all inquiries made relating to the above complaint. I further understand that the inquiries may take the form of verbal, written or electronic data.

 Complainant Signature

 Date

SUBMITTING YOUR COMPLAINT

Submit this completed Form to:
Privacy Officer – PRIVATE AND CONFIDENTIAL
Rainy River District Social Services Administration Board
450 Scott Street
Fort Frances, ON
P9A 1H2

FOR OFFICE USE ONLY

RESOLUTION PROGRESS

Date of Complaint:	Time Complaint Submitted:	a.m. / p.m.
Response must be sent by:	Date of Response:	
Progress:	Progress:	
Date of Recommendation to CAO:		
Action Taken:		
Privacy Officer:	Resolution Date:	