

FAMILY GROUP CONFERENCING ONTARIO PROVINCIAL RESOURCE

Request for Complaint Resolution (confidential when completed)

Complainant

Name:	Organization:
Email:	Phone:
Signature:	Date:

Practitioner

Name:	
Email:	Phone:

Other Relevant Individuals

(attach additional page if required)

Name:	Organization:
Email:	Phone:
Name:	Organization:
Email:	Phone:
Name:	Organization:
Email:	Phone:

Please describe the nature of your concerns regarding the practitioner:
Please describe what resolution process(es) you have undertaken and what the outcomes of those processes have been:
Any other relevant information or documents: (Please redact any client identifying information from any documents.)

Please email this completed form and any relevant attachments to:

Lynda Evans
Program Coordinator, FGC Ontario Provincial Resource
The George Hull Centre for Children and Families

levans@georgehull.on.ca