**Family Group Conferencing Ontario Provincial Resource**

**Request for Complaint Resolution**

**(confidential when completed)**

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| --- | --- | --- | --- |
| **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](mailto:levans@georgehull.on.ca)