**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: |  |

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| **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

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