



Complaint Process and Form for Supported Individuals

You have the right to tell somebody if you are unhappy about something. You don't have to worry that something bad will happen to you if you complain. The CLS will make sure that you are listened to and that something will be done to try to help you with your concern.

You can fill out this *Complaint Form* and send it to us. This can be done on your own, or with the help of your family, a friend, one of the CLS employees who works with you, your Home Share Provider – anyone you wish. Within **5** days, the Leader at your home or program will talk to you or take some **action** to help address your concern.

If you are not comfortable talking to a CLS employee (or your Home Share Provider), you can contact the CLS Administration Centre and talk to any of the Directors. You will hear a response within 5 working days. **Telephone # 604-523.0303.**

Whoever you tell your concern to they will give you a response in writing that says what the CLS is doing to address your concern.

If you are not comfortable giving feedback or complaining to the CLS, you may contact:

- Vancouver Coastal Health Licensing officer – 604.675.3800
- Patients Care Quality Office – 1.877.993.9199
- Fraser Health Authority – 1.877.935.5669 or 604.587.4600

If you complete this Complaint Form, please send it to the CLS:

By Mail: 7th Floor – 713 Columbia Street, New Westminster, BC, V3M 1B2
You can also drop it off at our office. We are open Monday – Friday
from 8:30 am – 5:00 pm. We are closed on statutory holidays

By Fax: 604.523.9399

By Email: contactus@communitylivingsociety.ca



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Complaint Form

This Complaint Form will be forwarded to the most appropriate person to follow up with your complaint. Please note that in order for us to do a thorough follow-up and support you, we may need to contact other people involved.

You will hear back from someone at CLS within 5 days of us receiving this form.

Please write down what is bothering you (or have someone help you write it).

What would you like to change?

Your name _____ Date _____

Name of the person who helped you write this _____