

SERVICE GRIEVANCE/COMPLAINT FORM

Name: _____ Phone Number: _____

Name of Program you were involved with: _____

In the space below please provide the following information (attach additional information as necessary).

1. Description of the Complaint.

2. Background leading to the complaint (initial actions and program response, relevant dates, and the actions of parties).

3. Who have you dealt with to date regarding the complaint? (names, titles, phone numbers).

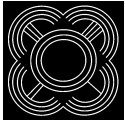
4. Describe any other action you have taken.

5. Describe the outcome you seek?

6. Sign and date the form to initiate the formal complaint.

Signature: _____ Date: _____

Please submit the completed Service Grievance Form to the Director at the above address or via email, admin@narsf.org.



NARSF
PROGRAMS LTD.

201-170 WALLACE STREET
NANAIMO, BC V9R 5B1
PH: (250) 754-2773
FAX: (250) 754-1605
