



I Have A Concern

Remember, you will never be punished, retaliated against, or treated differently because of your concerns

My Name is: _____

Date: _____

This form is being completed by (circle or 'x' the correct one)

Myself

By my support and I

By my support for me

Name of Support Worker helping: _____

What is this concern about: (circle or 'x' the correct one)

People

- Me
- Support Workers
- Housemates
- Friends
- Family

Things

- Mine
- Support Workers
- Housemates
- Friends
- Family

Where/Place

- My Home
- My School
- My Work
- My Family's home
- My Program

Other

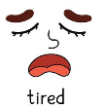
- Food
- Free Time
- Rules
- Recreation
- Health & Safety
- Community

Your concerns are important to us, and we want to have the opportunity to address them as they arise in a successful way

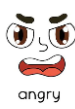
How does this make me feel: (circle or 'x' one or more)



happy



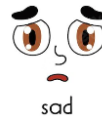
tired



angry



shy



sad



sick



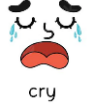
disgusted



scared



surprised



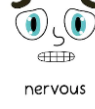
cry



confused



disappointed



nervous



jealous

Step 1: Write out my concern

Step 2: Who can I talk to? _____ or another support worker

When can this happen

Who do we need to talk to?

Possible Solutions

1. _____

2. _____

3. _____

Received by: _____

On: _____



I Have A Concern

Step 3: Make An Action Plan

What do I need to do

Who Will Support Me with This?

Completed on _____ by _____

Program Manager Signature: _____ Date: _____

The Concern/Complaint Process (*We hope to have the concern or complaint resolved within 2-3 days.*)

