

Service Concern/Complaint Form

Name:

Date:

Phone number:

Office Location:

Description of concern/complaint:

(Please include all relevant details that will help in following up on this issue)

Actions taken:

Discussed the concern or complaint with a staff member *(This is a required step in our policies and procedures. If you have not done it, please do before submitting this form).*

Discussed the concern or complaint with any other staff member.

Additional information regarding actions taken about your concern/complaint:

WorkBC Centre

I verify that all the information provided is, to my knowledge, true and accurate according to the events as they took place. I also understand the actions that will be taken once I submit this form.

Please submit this form in a sealed envelope to the front desk or signed and scanned via email to:

You will be contacted to discuss your concerns within a timely manner by the Program Manager.

If you have an electronic signature pad, please sign electronically in the box below. If not, please print the completed form and sign it to submit.

Signed by

on the