

Complaint Tracking Form

Tracking Number:

Knowledge First Financial aims to deliver exceptional, equitable, and accessible customer service. If customers are dissatisfied with the service they receive, we want to make it easy for them to make a complaint. Once a complaint has been made, customers should know what to expect. The purpose of this Complaints Tracking Form is to allow you (the complainant) to file your complaint and receive a tracking number for your reference.

Please note:

- Anonymous complaints cannot be accepted nor investigated
- Alternative procedures are available to employees to initiate complaints within the organization

Contact Information

Date (yyyy-mm-dd)			
Complainant First Name		Complainant Last Name	
Street No.	Street Name		Suite/Unit No.
City/Town		Province	Postal Code
Home Telephone No.	Business Telephone No.	Mobile No.	
E-mail			

Channel Reported (Check one option):

- In Person
- Telephone
- E-mail
- Mail
- Fax

Summary of Complaint

Please record information on what happened, who was involved, dates, times and any calls, if applicable. Be as detailed as possible. If there is not enough space to describe the complaint, attach extra paper. Please attach any relevant documents such as letters or reports that are relevant to the complaint.

Details

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Service area or location of problem
Staff persons involved (if known and if applicable)
List of enclosures (include copies of any documentation in support of the complaint)

Complaint Type (check all that apply):

<input type="checkbox"/> Processes or Procedures	<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Outcome
<input type="checkbox"/> Access	<input type="checkbox"/> Timeliness of Service	
<input type="checkbox"/> Other (please describe):		

Desired Outcome (check all that apply):

<input type="checkbox"/> Explanation	<input type="checkbox"/> Apology (written/verbal)	<input type="checkbox"/> Disciplinary action
<input type="checkbox"/> Training/education for staff	<input type="checkbox"/> Conciliation	<input type="checkbox"/> Counselling/Mediation/Other Support
<input type="checkbox"/> Compensation	<input type="checkbox"/> Other (please describe):	

Timeline

The program staff involved will acknowledge receipt of your complaint within 3 calendar days and notify you of the results of the investigation within 30 calendar days of receiving the complaint. If this is not possible, you will be contacted and given a reason why this timeline is being adjusted.

Complaint Recipient (First, Last):		Program Area:	
E-mail:		Telephone No.:	

While investigating your complaint, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), Knowledge First Financial will only disclose your personal information to staff who require the information to perform the investigation and will not be shared with the person who is the subject of your complaint (if applicable). Your personal information will not be shared with anyone else unless you provide written consent for such sharing or where the the organization is compelled by law to do so.