

METIS FAMILY SERVICES - COMPLAINT RESOLUTION PROCESS

Complainant Name:	Date of call:	Referred to: Worker _____
	Date of referral to worker or supervisor:	Supervisor _____
Issue(s):		
Date of Worker/client meeting:	Worker name:	Issue resolved: _____ Issue not resolved: _____
Resolution and/or outstanding issues:		
Worker Signature:	Complainant Signature:	
Resolution Letter Sent: Yes _____ No _____	Date Sent:	Attached: Yes _____ No _____

Date of Supervisor/client meeting:	Supervisor name:	Issue resolved: _____ Issue not resolved: _____
Resolution and/or outstanding issues:		
Supervisor Signature:		Complainant Signature:
Resolution Letter Sent: Yes ___ No ___	Date Sent:	Attached: Yes _____ No _____
Date of Manager/client meeting:	Manager name:	Issue resolved: _____ Issue not resolved: _____
Resolution and/or outstanding issues:		
Manager Signature:		Complainant Signature:
Resolution Letter Sent: Yes _____ No _____	Date Sent:	Attached: Yes _____ No _____

Date of CEO Review:	Matter warrants referral to Dispute Resolution Committee: _____	Matter does not warrant referral to Dispute Resolution Committee: _____
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Rationale for CEO Decision:

Date of Dispute Resolution Committee Meeting:	Date Client notified of findings:
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Committee Findings:

Extension Requested? Yes _____ No _____	Date:
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Extension Confirmation Letter Sent Yes _____ No _____	Date:
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