



CTN Family Relations Form

To register a compliment or complaint regarding Children's Treatment Network of Simcoe York, please complete the following information.

Tracking Number (For office use only):			
Date:			
Name:			
CTN # (If applicable):			
Email:		Contact phone no:	
Please complete address details if <u>different</u> from Single Plan of Care information or if you <u>do not</u> have a Single Plan of Care number.			
Address:			
City/Town:	Province:	Postal Code:	
Home no:	Business no:	Mobile no:	
Email:			
<p>Summary of Compliment/Complaint: (Please record information on your compliment/complaint. Please be as detailed as possible and include details of who was involved, dates and times, locations, etc. If there is not enough space to describe the compliment/complaint, please attach an extra sheet. Please attach any relevant documents such as letters or reports that are relevant to the compliment/complaint.)</p>			
For office use only:			
Compliment/ Complaint was reported: (Please check one option)	<input type="checkbox"/> In person <input type="checkbox"/> By phone	<input type="checkbox"/> By email <input type="checkbox"/> By Fax	
Compliment/Complaint registered with:	Name: Agency:	Contact details: Phone: Email:	
Compliment/Complaint type:	<input type="checkbox"/> Clinical Services <input type="checkbox"/> Coordination of Services	<input type="checkbox"/> Local Team Facilitator <input type="checkbox"/> Local Team Facilities/ Equipment	<input type="checkbox"/> ACCESS
What steps were taken to resolve the concern:			
Upon completion of the process, send notification of the outcome to all parties concerned.			
Date of notification:	Forwarded to: 1. 2.	Sent by:	
Sign off date:	Manager: (Please print and sign name)	Staff: (Please print and sign name)	
	CTN Director: (If required)	CTN CEO: (If required)	

Please forward completed form to Sian Morgan by :
 Mail: 13175 Yonge Street, Richmond Hill, ON L4E 0G6
 Fax: 905-773-7090
 email: smorgan@ctnsy.ca