

Full Name of Complainant \_\_\_\_\_

Parent or Guardian Name *(if applicable)* \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Program Involved \_\_\_\_\_

Nature of the Complaint or Incident *(Add pages for your narrative as required)*

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Did anyone witness the incident?  Yes  No

If YES, Name of witness(es): \_\_\_\_\_

Description of their respective role in the incident: \_\_\_\_\_

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Who have you talked to at Front Door about your concern? \_\_\_\_\_

Is there anyone at Front Door you would like to direct this Service Complaint Resolution to?

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What response are you looking for from Front Door?

Please forward this form by email to: [familycompass@lutherwood.ca](mailto:familycompass@lutherwood.ca) or drop off at Front Door.

Signature of the complainant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian *(if applicable)* \_\_\_\_\_ Date \_\_\_\_\_