



## **Complaints Policy and Procedure**

We are always appreciative and responsive to any suggestions or concerns regarding any of our policies or practices. This policy and procedure applies to complaints received about our activities, programs, services, staff or volunteers.

### **Do you have a concern or complaint?**

A complaint may be received verbally (by phone or in person) or in writing (by mail, fax, email). An employee or volunteer who receives a complaint should first determine the proper person to handle it. This is generally the senior staff person responsible for the area of the program relative to the complaint.

If the complaint cannot be immediately satisfied by a staff member the individual may submit their complaint in writing to the Executive Director who will respond within 7 days. If the complaint cannot be satisfied by the ED or involves the ED the individual may appeal, in writing to NSD's Board Chair and the individual will be promptly advised in writing of the disposition of the appeal.

If you wish to submit your complaint in writing, complaint forms are available on the bulletin board in the volunteer area, the NSD website or from any NSD staff member.

A summary of the complaints received including number and type will be reported to NSD's Board of Directors annually.



## Concern/Complaint Form (Anonymous)

Please state your concern/ complaint. Be as accurate as you can be. Dates, times, names etc will be very helpful.

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If applicable, how have you tried to resolve the problem yourself?

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What would you like to see happen next?

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Today's Date: \_\_\_\_\_

**\*\*Please see other side for mailing instructions:**

Please send this form back to the attention of Danielle Forbes, Executive Director  
National Service Dogs  
1286 Cedar Creek Rd  
Cambridge, ON  
N1R 5S5

Email: [dani@nsd.on.ca](mailto:dani@nsd.on.ca)  
Fax (519) 623-9997

If this concern/complaint is regarding the Executive Director, please contact  
Breanna Roycroft, President  
[administrator@nsd.on.ca](mailto:administrator@nsd.on.ca)

**OPTIONAL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to call: Mornings Afternoons Evenings Weekends  
(Please Circle)

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**Office Use Only**

Date Rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Response Date: \_\_\_\_\_ Results/Response Attached: Yes No

Further Action Needed: Yes No By: \_\_\_\_\_