

Complaint Intake Form

Your Name		Submitted Anonymously: <input type="checkbox"/> check if Yes
My name may be provided to the operator or supervisor to aid in the resolution of this matter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone
<i>*Any circumstance that leads to an appeal or reconsideration or court action may result in the release of all sources of information including the identification of the complainant</i>		
Your Address	Date & Time of Occurrence	
Location Involved or Facility Name	Owner	
Describe Complaint		
Office Use		
Person & Office Receiving Information	Date Received (dd/mm/yyyy)	

Privacy and confidentiality protect the access, management and dissemination of personal information. It is expected that Health Protection staff will not reveal names of information sources during the course of a complaint investigation and will endeavour to maintain confidentiality of the complainant's and associated individual's identities.