## SERVICE COMPLAINTS FORM



Information on this form is confidential and will only be used internally to respond to issues identified. We do accept anonymous complaints; however, our ability to address your concern may be limited if we have clarifying questions and we do not have your name and contact information.

If you need assistance in filling out this form please contact our front desk, 1-800-263-7146 or info@manitobaadvocate.ca

YOUR INFORMATION			
First Name:		Last Name:	
Email:		Phone Number:	
Are you filling this form on □ No behalf of □ Yes -→ What is their name? someone else?			
Which MACY Program is your complaint about?	☐ Advocacy	☐ Quality Assurance	
	☐ Investigations	□Don't know / Not sure	
	Research	Other:	
COMPLAINT DETAILS			
Date of incident/when issue occurred or began:  Summary of Complaint What happened? Please provide us with as much information as possible including who was involved, critical dates, actions on those dates,			
and the issue			
Staff involved, if any Leave this blank if you do not know or remember			
Name	Position	Involvement	

What do you think MACY should have done or said?			
What resolution or action are you seeking?			

You can submit this form by:

- 1) **email** to complaints@manitobaadvocate.ca
- 2) **fax** to (204) 988-7472
- 3) **mail** or drop off in person at:
  - Winnipeg office: 346 Portage Avenue, Unit 100, R3C 0C3
  - Thompson office: 300 Mystery Lake Road, Thompson, MB R8N 0M2

Thank you for submitting your complaint form. If you have provided your contact information, a MACY staff will be in contact with you within two business days.