



**REACH CHILD AND YOUTH DEVELOPMENT SOCIETY  
GRIEVANCE FORM**

This form was developed for families for the purpose of determining the nature of your concern/complaint. It is helpful for *Reach* to have a written record of the issues you identify so that we may be better equipped to address them thoroughly. We pride ourselves on being a family-centered organization and we are interested in hearing your concerns. We are also committed to recording the issue of concern and to ensuring that no barriers to services result from your bringing your concerns forward.

Your name and name of child receiving service: \_\_\_\_\_  
\_\_\_\_\_

Which *Reach* program(s) are you involved with: \_\_\_\_\_  
\_\_\_\_\_

Which *Reach* program(s) are your concerns with: \_\_\_\_\_  
\_\_\_\_\_

What is the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What attempts have been made to resolve the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Reach Grievance Form*

Are there aspects of the program you like or find helpful? \_\_\_\_\_

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Is there anything further you would like to add? \_\_\_\_\_

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Thank you for taking the time to make your concerns clear to us. Your concern will be investigated by the Executive Director of Reach Child and Youth Development Society and you will be contacted to follow up. Thank you for your patience while we investigate and address your concern.

Please feel free to contact the Executive Director at 604-946-6622 at any point you wish to verbally discuss your concerns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_