

Wellness & Emotional Support (WES) for Youth Online (WFYO)

Client Complaint Form

At WFYO, we strive to provide you with the highest level of quality and safe services/programs at all times. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below:

1. First Name: _____
2. Last Name: _____
3. Phone Number: _____
4. Email: _____
5. We will try our best to get back to you within 15 business days upon receipt of your complaint. Please indicate your preferred method of contact:

 ___ Phone ___ Email
6. Are you filing this complaint on behalf of someone else? ___Yes ___No
If yes, please provide name of the person you are filing the complaint for: _____
7. Date and time of complaint/dissatisfaction (if applicable): _____
8. Please describe the complaint below and what happened to cause you to be dissatisfied:

Thank you for sharing your concerns with us. All complaints are viewed as opportunities for us to evaluate and improve our services here at WFYO.

Please submit completed Client Complaint Form to WFYO Executive Director (jennifer@wesforyouthonline.ca) and/or Virtual Program Director (raymond@wesforyouthonline.ca)

*For use by WFYO Executive Director (or delegate) and/or Virtual Program Director only:

Comments on the complaints received:

Follow Up Action/Recommendations:

APPROVED
Jenn Mulcaster
11.10.22