

## Justice Resource Institute Complaint Form

Anyone concerned about the treatment of the persons served by JRI programs and services, including the person themselves, may express a complaint, and JRI leadership will follow procedures to resolve the matter, respecting the rights of each person.

Date of Complaint:

Name of Complainant:

Address/Phone/Email:

Form Completed by/Given to Whom (Staff? Parent? Other?):

**Who** was involved in this situation? (staff, persons served, family member, visitors, others)?

**When** did the matter complained of occur? (date/time if available)?

**Where** did the matter complained of occur?

**What** happened? (be as specific as possible)?

**Describe** what actions you would like JRI to take to resolve your complaint or concern?

\* \* \* (JRI USE) \* \* \*

LOG # \_\_\_\_\_ Date and Time Received: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Additional Information/Disposition/Resolution:

Feedback given to complainant (by whom):

\_\_\_\_\_  
Human Rights Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

Reviewed August 2024 RI-007 (A) Complaint Form