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 November 2026; RI-006 (A) Complaint Form