

**Complaint/Feedback Form**

**Complainant’s Name:**

**Details of Complaint:**

**Remedy Sought:**

**Date of Event: Time:**

**Consent Obtained (if required) Yes: No:**

**Form Submitted by: Date:**

**Form Received by: Date:**

**Action/Outcome:**

**Complainant’s Response to the Decision:**

**Executive Director’s Signature: Date:**

**Contact Information:**

**Career Services**

**89 Hubbell Street**

**Brockville, Ontario**

**613 342 5775**

**www.careerservices.ca**