

Dissatisfaction report

Please note that this document is **not a formal complaint**, it is part of the process that may lead to one. It will allow you to let us know about some of your dissatisfaction and possibly resolve your differences before going ahead with a formal complaint.

PART 1 – IDENTIFICATION

YOUR CONTACT INFORMATION

Name : _____ First name : _____

Date of birth : ___/___/_____

Residential address : No. _____ Street _____ App. _____

City : _____ Province : _____ Zip Code : _____

Phone (Home) : ___-___-_____ Phone (Other) : ___-___-_____

Fax number : ___-___-_____ E-mail : _____

CONTACT INFORMATION OF THE CONCERNED THERAPIST OR SCHOOL

Name : _____ First Name : _____

Date of birth : ___/___/_____

Residential address : No. _____ Street _____ App. _____

City : _____ Province : _____ Zip Code : _____

Phone (Home) : ___-___-_____ Phone (Other) : ___-___-_____

Fax number : ___-___-_____ E-mail : _____

PART 2 – DESCRIPTION OF YOUR DISSATISFACTION

Please describe chronologically the events that led you to start this procedure (use another sheet if needed):

In your procedure, have you already contacted, in writing or by phone:

- The association
- The concerned therapist
- A lawyer
- Another organisation : _____
- No other procedure have been initiated

What would be, for you, the best way to solve the situation?

In your opinion, what can we concretely do to help you?

Signature : _____ Date : _____