Client Complaint Policy

As a client of Tungasuvvingat Inuit you have the right to speak and be heard. One very important right concerns the hearing of any complaint you might have about the services you are receiving. Your feedback will help us to solve my problems as they arise and to continuously improve the quality of our programs and services.

If you feel your rights are not being respected, or the quality of service is below your expectations you should bring this matter to our attention. If you would like to put your complaint in writing and require assistance to do so, we will help find someone to help you. Please talk to one of our staff if you wish to make a complaint and need assistance.

The following are guidelines to help you make your complaint.

1. If at all possible, the first step should always be to make your complaint directly to the staff person responsible. The problem could simply be a misunderstanding and direct communication could result in a speedy resolution.
2. If after doing this, the complaint is not resolved to your satisfaction, contact the Program Coordinator or Supervisor about your complaint.
3. When the Program Coordinator or Supervisor receives your complaint, he/she will speak to the staff person involved and conduct a complete review of the problem using a Client Complaint Form. A written report of this review will be prepared and shared with you within 10 working days.
4. If you choose to make your complaint directly and on your own please use the Client Complaint Form. The steps in number 3. above will then be followed.
5. If you are not satisfied with the results of our review, contact the Executive Director who will conduct a further inquiry into your concerns and respond to you with the findings.
6. If you still do not feel satisfied, let the Executive Director know in writing, and the Board of Directors will review the matter. You will be informed in writing of their decision.

All complaints we receive are kept on file along with the results of our review and response to you.

We will make every effort to respond quickly and effectively to any client complaints about our service.
TUNGASUVVINGAT INUIT (TI) CLIENT COMPLAINT FORM

Please attach extra sheets if required. Please let us know if you need any assistance in completing this form or if you need any communication supports. Phone 613.565.5885.

Client name: ___________________________ Date: ___________________________

What is the complaint (what happened):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Was anyone else involved or witness to what happened?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Did you discuss this issue with the person(s) involved? Yes____ No____

What would you like to see happen to address your complaint?

________________________________________________________________________
________________________________________________________________________

How can we contact you?

Phone number: ___________________________

Email: ___________________________

Mailing address: ___________________________

________________________________________________________________________

Do you have any other comments or information to provide us at this time?

________________________________________________________________________
________________________________________________________________________

Please mail, fax or hand deliver this form to:

Address: 1071 Richmond Road, Ottawa, ON K2B 6R2  Fax: (613) 563-4136