



## Formal Complaint to Weechi-it-te-win Naag-gu-chich-chi-gaa-win FAMILY HEALING PROGRAM

### How to Submit This Form

After you have completed this form, you can submit it to Weechi-it-te-win Family Services in person, by courier, mail, fax, or email. If you need help filling out this form, let the Agency know and help will be provided to you.

What is your preferred language?

How should we contact you?

☐ English

☐ Anishinaabemowin

☐ Email

☐ Letter

### I Am a Person Who Has Sought or Received Services from the WFS Family Healing Program

- ☐ I am a Youth receiving/who has received/who has sought services from the WFS Family Healing Program
- ☐ I am an adult who is receiving/has received/who has sought services from the WFS Family Healing Program.
- ☐ Other, please specify [Click or tap here to enter text.](#)

### A. Your Complaint Details

- ☐ I feel my or my child/youth's rights were not respected.
- ☐ I feel my confidentiality was breached.
- ☐ I feel discriminated against by the Family Healing Program (e.g. for my race, ethnicity, sexual orientation, abilities etc.)
- ☐ I think there is an inaccuracy in the FHP file about me.
- ☐ I was not given the opportunity to have my concerns heard about services I was seeking or receiving.
- ☐ I was not given the opportunity to have my concerns heard and be represented when decisions were made.
- ☐ I was not given reason by FHP for a decision that affected my interests.
- ☐ Other complaint not specified above (please specify below)

### B. Describe your complaint in as much detail as possible.

You may add information such as:

- What someone did or said that caused you to make the complaint or what that person should have done or said.
- Details about when something happened, where something happened, and who was involved in the situation that you are complaining about.
- Your desired outcomes (what you would like to happen), and how WFS and the Family Healing program can help resolve the matter.

Attach more sheets, if necessary, to detail your complaint



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### C. Please Provide Your Contact Information

Last Name:	First Name:	Middle Name:	
Preferred Name:	Date of Birth (yyyy/mm/dd):		
First Nation or Inuit Community Name:			
Mailing Address:			
Unit Number:	Street Number:	Street Name:	PO Box:
Rural Route:		City/Town:	
Province:	Postal Code:	Telephone Number:	Ext.
Mobile Number:		Email Address:	

### D. If you are an adult assisting a youth who has sought/received services from The Family Healing Program, please provide information about the youth.

Last Name:	First Name:	Middle Name:	
Youth's Preferred Name:	Date of Birth (yyyy/mm/dd):		
Youth's First Nation or Inuit Community Name:			
Mailing Address:			
Unit Number:	Street Number:	Street Name:	PO Box:
Rural Route:		City/Town:	
Province:	Postal Code:	Telephone Number:	Ext.
Youth's Mobile Number:		Youth's Email Address:	

**Please return form to:**

**Weechi-it-te-win Family Services**  
**1455 Idylwild Drive (Nanicost Complex)**  
**P.O. Box 812**  
**Fort Frances, Ontario, P9A 3N1**  
**Phone: 807-274-3201**  
**Toll Free: 1-800-465-2911**  
**Email: [complaints@weechi.ca](mailto:complaints@weechi.ca)**