



## SERVICE COMPLAINT REVIEW REQUEST

---

Complainant's Name	
--------------------	--

Details of Complaint
----------------------

Remedy Sought
---------------

Date of Occurrence	
Time of Occurrence	
Report Submitted By	
Date	
Report Received By	
Date	

Consent Obtained?	Yes		No	
-------------------	-----	--	----	--



---

Action/Outcome
----------------

Complainant's Response to the Decision
--

Executive Director's Signature	
Date	

Please submit completed forms to DSLG, 61 King Street East, Brockville ON, K6V 1B2 or email to [complaints@dslg.ca](mailto:complaints@dslg.ca).