

Complaint Resolution Form

| Name: |
|---|
| Mailing Address: |
| Phone Number: |
| Email Address: |
| Are you making this complaint on behalf of someone else? |
| Yes No D |
| Is the complainant aware you are doing this? Yes No No |
| Have you spoken to anyone at Kardel about your complaint prior to completing this form? |
| Yes No No |
| If yes, who did you speak to? |
| |
| Please provide a description of the complaint: |
| |
| |

Thank you for your feedback. The Director of Programs and Quality Assurance will contact the complainant within 2 days of the written formal complaint being received.

