Self-Advocate Feedback/Concern Report

This form can be completed by a self-advocate with the support of an unbiased support person of their choosing using a method of communication that allows them to be able to fully express their concern. These methods could include but not limited to verbal, pictorial, electronic, or sign language. Once completed, this form is to be immediately presented to a Manager.

Date: _____ **Reporting Employee's Name**: _____

Position: _____

Please describe the concern that you have:

_____

_____

_____

_____

_____

_____

What have you already done to help you with your concern:

_____

_____

_____

_____

_____

Self-Advocate/Support Person's Recommendations/What do you feel should be done next?

_____

_____

_____

_____

_____

Report completed and given to: _____ on _____

Managers Name **Date**

_____

Self Advocate Signature

_____ _____

Reporting Employee's Signature **Managers Signature**

Action taken by Manager:

_____

_____

_____

_____

_____

_____

Further actions required:

_____

_____

_____

_____

Managers Comments:

_____

_____

_____

_____

Date: _____ **Signature:** _____

Executive Director's Comments:

_____

_____

_____

_____

Date: _____ **Signature:** _____

NHCIA ensures our feedback process is accessible to people with disabilities by providing or arranging for accessible formats and communication supports on request.

For any requests please contact NHCIA by calling 613-332-2090

"In partnership with the community, North Hastings Community Integration Association supports people with a developmental disability and their families and facilitates opportunities for all people to live, work and learn together."