

Informal Concern Resolution Summary

Name of the person bringing the concern forward: _____

Name of Client (if applicable): _____

Date: _____

Description of concern: _____

Involved parties: _____

Description of actions, decisions and/or resolution: _____

Additional relevant information: _____

Completed by: _____ Position: _____

Reviewed by: _____ Position: _____

Further follow-up required? Yes No

Binder(s):	Adult Services	Family Support Services	Board	Human Resources	Page:	1 of 1
Section(s):	Rights	Rights	Board of Directors	Employee Relations	A	Apr 18/18
Program Area(s):	Adult Disability	FSS Disability, HF,PCAP			R/R	Aug 16/18