

## qCJ COMPLAINTS FORM

### qCJ takes a proactive and transparent approach to concerns and complaints.

We believe accountability, consent, and care are essential to restorative practice. This form is for submitting a **complaint** about a qCJ program, process, staff member, volunteer, or organizational practice. Complaints are distinct from general feedback. While qCJ encourages ongoing feedback and evaluation throughout restorative processes, this form exists for situations where harm, concern, or dissatisfaction requires formal acknowledgment and response.

### Accessibility & Consent

- This form is available **online and in paper format (available open request)**.
- Submissions are **anonymous by default**. You may choose to include your contact information if you would like a response.
- You may have **someone else complete this form on your behalf** (for example, Victim Support Services or another support person).

### Where Your Complaint Goes

You can choose who receives your complaint:

- qCJ Manager and Secretary
- President and Treasurer
- All of the above

Complaints are submitted confidentially and triaged to protect privacy.

### What Happens Next

- Complaints are reviewed by the individuals selected **within two weeks** of receipt.
- A **confidential summary** (with no identifying details unless you consent) is shared with the Board/Steering at the next scheduled meeting.
- If you provide contact information, you will receive confirmation that your complaint was received, along with acknowledgment of the harm or concern you experienced.

### How qCJ Responds

qCJ responds to complaints from a place of belief and in alignment with restorative justice principles. We do not investigate or determine the “validity” of a complaint; it is taken at face value. Responses may include (but are not limited to):

- An apology
- Policy or procedure changes
- Training or professional development
- Performance management or discipline

All complaints and responses are handled in accordance with qCJ's Privacy, Confidentiality, and Records Retention policies.

**Today's Date:** \_\_\_\_\_

**1. Who would you like to receive this complaint?**

Manager & Secretary      President & Treasurer      All of the above

**2. Is this complaint being submitted:**

Anonymously      With my contact information      By a support person on my behalf

**3. Complainant Contact Information (optional)**

Name: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_

**4. Support Person Contact Information (optional)**

Name: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

**4. Your connection to qCJ? (optional)**

Program Participant      Support person      Community partner      Volunteer

Other: \_\_\_\_\_

**5. Please describe the concern, issue, or harm you experienced.**

**\*Include as much or as little detail as you feel comfortable sharing.**

6. When did this occur?

Single incident

Ongoing incident

Approximate date(s) (if known): \_\_\_\_\_

7. How did this situation affect you or others? (Optional, but helpful for understanding the impact)

8. If you would like to request a specific response, please indicate below. There is no obligation to request anything. Examples may include: an apology, a follow-up conversation, policy or practice changes, training or accountability measures for personnel

9. Do you consent to your all your complaint information being shared with the qCJ Board/Steering for accountability and oversight purposes? If “No”, a summary will be shared without identifying information.

Yes

No

10. Is there anything else you'd like us to know?



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