



FRENCH LANGUAGE SERVICES (FLS) COMPLAINT FORM

All the information provided will remain confidential. This form is to be forwarded to the Executive Director of Nipissing Serenity Hospice.

First Name:

Last Name:

Email:

Phone #:

Complaint:

Briefly describe your complaint.

Suggestion for a resolution:

Please share with us any suggestions that you feel may be useful in resolving this complaint.

Once submitted, you can expect a personalized acknowledgement by email within four (4) business days. If you have not received a response, please contact us at 705-995-3377.