



Partners with Paws, Inc.
280 Woolwich Street S.
Unit 500 Airport Park
P.O. Box 99
Breslau ON CA N0B 1M0
519-807-6769
519-648-2549
Charity registration No: 74994 0730 RR 0001

Complaint Policy

Partners with Paws Complaint Policy and Procedure

Complaints by volunteers, clients, or from the general public (about handlers, trainers or dogs) regarding Partners with Paws (PWP) activities, programs, services, handlers, dogs, or personnel (including volunteers) may be submitted verbally (by phone or in person), or in writing (by mail or email). Complaints will be reviewed by 7 working days and escalated to ED as necessary.

Complaints will be reviewed and a response provided within 14 business days. All complaints will be attempted to be resolved within the lowest level of the organization possible.

Complaints

All complaints will be considered confidential and remain between the PWP representative handling the complaint and the complainant(s).

If a clear and fair decision cannot be reached between ED and the complainant, the matter may be reviewed by the board of directors.

If you wish to submit your complaint in writing, complaint forms are available on the PWP website.

Concern/Complaint Form

Please state your concern/ complaint. Be as accurate as you can be. Dates, times, names etc are helpful.

If applicable, how have you tried to resolve the problem yourself?

What would you like to see happen next?

Today's Date: _____

Please send this form back to the attention of Jacqueline Gori, Executive Director. If the complaint is against Jacqueline Gori, Executive Director, mark it attention Tracy Thompson, Board of Director.

Mailing Address

Partners with Paws
Attention Jacqueline Gori
280 Woolwich Street S.
Unit 500 Airport Park
P.O.Box 99
Breslau ON CA N0B 1M0

Email Address: Jacqueline.gori@gmail.com

If the complaint or concern is against Jacqueline Gori then address to:
Tracy Thompson
Donations.Partnerswithpaws@gmail.com

OPTIONAL:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Day Phone #: _____ Evening Phone #: _____

Fax #: _____ Email: _____

Best time to call: Mornings Afternoons Evenings Weekends

(Please Circle)

Office Use Only

Date Rec'd: _____ Rec'd by: _____

Response Date: _____ Results/Response Attached: Yes No

Further Action Needed: Yes No By: _____