



## Application for Review of a Complaints Officer's Decision

Protection for Persons in Care

Mail or fax your completed form to:

Protection for Persons in Care

Station M, Box 476

Edmonton AB T5J 2K1

Fax: 780-415-8611

Status <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Complainant's Name (Last Name, First Name)	
Phone Number	Alternate Phone Number	Fax Number	
E-mail Address (If any)			
Address (Street/PO Box, City/Town/Municipality, Postal Code)			
Date the complaints officer's decision was made (yyyy-mm-dd)		Date I received notification of the decision (yyyy-mm-dd)	

Please provide a brief description of the complaints officer's decision that is requested to be reviewed  
(attach additional sheets if necessary)

Reasons for requesting the review *(attach additional sheets if necessary)*

Date *(yyyy-mm-dd)*

Complainant signature