

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)
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Phone Number	Alternate Phone Number	Fax Number
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E-mail Address (If any)
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Address (Street/PO Box, City/Town/Municipality, Postal Code)
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Date the complaints officer's decision was made (yyyy-mm-dd)	Date I received notification of the decision (yyyy-mm-dd)
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Please provide a brief description of the complaints officer's decision that is requested to be reviewed (attach additional sheets if necessary)
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Reasons for requesting the review *(attach additional sheets if necessary)*

Date *(yyyy-mm-dd)*

Complainant signature