

WELCOME

TO YSB'S WALK-IN COUNSELLING SERVICES

This single session appointment, also referred to as a choice session, will provide you an opportunity to meet with a counsellor to talk about a particular concern you have, and to explore different ideas to help you with this concern. If needed, you can come back at any time in the future.

IMPORTANT INFORMATION FOR YOU TO KNOW

- **Confidentiality**- what you talk about in your session remains between you and your counsellor. There are only three times this agreement has to be broken: if you report that you or someone you know under the age of 16 is being abused, if a judge orders information be provided, and if you or a family member is in immediate danger of hurting him/herself or others. Your counsellor will review this with you at the beginning of your meeting and ask you to sign a form stating that you understand the information, and agree to participate in our services. The only other time information can be shared outside of our agency is when you sign a consent form.
- **Client file** - Every client (youth, parent, guardian) who receives counselling will have a file opened. The file may contain any of the following: information you shared, written consents, walk-in questionnaire, emails, and a summary document. You have the right to look at your file at any time.
- **Your rights** - you have the right to confidentiality; to be treated with respect, honesty, and integrity; to receive competent and effective services; to withdraw from services at any time; to inform your counsellor of any complaints about services; to review your file with your counsellor; to request the correction of any errors in your file.

- **Your responsibilities** include actively participating in the services; informing your counsellor if you feel our service is not providing what you or your family needs; treating others with respect.
- **Problems, complaints, and compliments**- if you have a concern or a compliment about your service, please share it with your counsellor, the walk-in coordinator, or if you are more comfortable writing your thoughts, in the complaint form. The survey you will be asked to fill out at the end of your session will also give you an opportunity to share what you felt was most helpful today.

WHAT TO EXPECT

Please review the following forms before your session begins. Fill in what you can. If you have any questions, please ask before you begin your session.

You will meet with a counsellor for about one hour.

Then, there will be a 10-15 minute break. At that time, the counsellor will consult with the walk-in coordinator to reflect on the session in order to provide you with a range of possibilities to consider.

After the break, you will spend another 10-15 minutes with the counsellor, who will provide you some feedback and a range of ideas.

At the end of the session, the counsellor will ask you for your thoughts about the session. Please take a few minutes before leaving to complete the evaluation form, "YSB Client Feedback form".

THANK YOU

YOUR FEEDBACK IS VERY IMPORTANT TO US!

NEXT PAGES:

- CONSENT FORM
- CLIENT EMAIL CONSENT FORM
- CHOICE QUESTIONNAIRE
- CLIENT DEMOGRAPHIC SURVEY
- PRIVACY
- COMPLAINTS

CONSENT TO RECEIVE SERVICES

For use with clients 12 years of age or older

Your Name: _____

Client #: _____ Your Date of Birth: _____

I, _____ consent to receive services from the Youth Services Bureau (YSB). I have been informed about the nature of the services I am accessing.

Confidential clients 12-15 years of age only

I choose not to involve my significant caregiver(s) in the services of the Youth Services Bureau of Ottawa (YSB). I recognize that a YSB staff has discussed with me the desirability of involving my mother, father or guardian in the above services _____ (client initials). Your initials here denote that the contents of your file will not be released without your consent, other than in response to a court order.

Information regarding our services and the limits of confidentiality

1. If you tell us that someone is hurting you or somebody under the age of 16, we have to call the Children's Aid Society. If you are between 16 and 18 years of age and we have concerns for your safety or somebody else's safety who is between the ages of 16 and 18 we may have to call the Children's Aid Society.
2. If you tell us that somebody is going to be badly hurt by someone, or has been badly hurt, we will have to tell the police.
3. We will obey directions from law enforcement where they are acting under a warrant or similar legal authority (subpoenas, court orders, etc.).
4. If we think you may try to kill or harm yourself, we will do all that we can to make sure that you are safe. We may have to tell someone about it or get you to a doctor.
5. At any point in your work with us, if we decide that you are a significant risk to yourself or others we will share this information with staff in other YSB programs in which you are receiving services, as well as with applicable YSB management staff, so that we can work together to help you and ensure your and others safety. At times, we may also have to share some information external to YSB in order to keep everyone safe. In keeping with our Privacy Policy, this sharing of your information within the agency is done on a 'need to know' basis.
6. If you have agreed that you want to receive services from us, we will open a file. We will keep notes in this file, so we can work better with you. This file will contain information such as your name, address, phone number, assessments, counselling plan, consent forms, correspondence, case notes and any other important information. Some programs have specific assessments we would like to complete with you. Your worker will explain these to you.
7. Your file is private within the agency. Your electronic file is accessible to all YSB counseling, management and youth work staff. Staff on a "need to know basis" only access your file. Your information is kept in your paper file and or on our confidential agency database.
8. If you are 16 years of age or older, we will not release any information about you without your permission. If you are under 16 years of age, and your legal guardian requests information about you, we will attempt to reach you to ask your permission for this. If you are under 16 years of age and we are unable to reach you in a reasonable time, we may be obliged to release information about you to your legal guardian. If you or your parent(s) are part of a court case a judge may tell us to give the court information from your file.
9. Our Privacy Policy and provincial privacy legislation gives you the right to look at the information kept in your file - just ask us so we can go over the information with you. Notes about you from other agencies that have been released to us are not available for you to view. If you notice anything incorrect in your file, we will correct the information. You can also have a copy of the information in your file if you wish.
10. We keep your paper and or electronic file for a period of time after you complete services with us and it is then destroyed. For more information regarding the specific length of time we will retain your information and the reasons we do so, please refer to the document that you will be given about privacy and confidentiality of personal health information.
11. We will inform you about treatment/service options, expected benefits and risks of the service, the likely consequences of not receiving the service and any potential risks to your safety and well-being. We will also inform you about how to access our Crisis Services and other community resources if you are in crisis.

12. Let us know if you think that our service is meeting your needs. If you are not happy about the service or something else and do not feel that you can talk with us about it, just call 729-1000 and ask to speak with the Director or Coordinator of the Program.. Your feedback is always welcome and our offices and website have complaint and feedback processes that you can easily access.
13. If you have any questions regarding what you have just read or any other questions please ask us.

Follow-Up Consent:

We sometimes contact clients by phone and or email while they are receiving services from us, or for up to 12 months after a file is closed. This is to see how things are going, and to ask for comments and suggestions on our service delivery. This information is valuable to us in evaluating the long-term outcomes of our services and in helping continue to provide high quality services to youth and families.

If you consent to be contacted, please initial here _____.

Accreditation

Every four years the Youth Services Bureau of Ottawa is re-accredited by the Canadian Centre of Accreditation. This involves a team of external reviewers visiting the agency to assess our compliance with various standards and includes a review of client files.

If you consent for your file to be considered for review, please initial here_____.

(Please check off the following four statements)

- I have read, understood and agree with all of the above information and talked to a YSB staff about it. I understand the information given and know my rights and responsibilities.
- The Complaint and feedback process for clients has been explained to me and I understand what it means and the specific procedures for making a complaint and or providing feedback.
- Staff have informed me as to how I can find out more about YSB's programs and services as well as the agency's Mission and Beliefs Statements.
- I have been given a copy of the information around Privacy and Confidentiality of Personal and Health Information for Clients of the Youth Services Bureau of Ottawa

I understand the nature and purpose of the services provided. Any major changes will be discussed with me, and cannot be made without my permission.

(Signature of client)

(Date)

(Signature of parent/guardian if applicable)

(Date)

(Signature of witness)

(Date)

Form Authorized by:



Joanne Lowe, Executive Director

Date: June 8, 2018

CLIENT CONSENT FOR the use of email to exchange personal health information

YSB is now providing counselling services virtually. We have also modified our usual guidelines to allow email communication. We are doing everything we can to reduce any potential risks to privacy; this will include following detailed guidelines and protecting documents attached in e-mail with a password. Please carefully review the following list of safety risks and conditions related to email communication. If you wish to allow communication via email, please sign this form. You can also give your consent verbally over the phone or in your video session.

Risks associated with email communication:

Under regular circumstances, the Information and Privacy Commission of Ontario does not support the practice of communicating personal health information by unsecured email because:

- Unsecured email is not encrypted and the security, confidentiality, and privacy are not guaranteed.
- Email can be delayed for technical reasons beyond our control.
- Email can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of you or YSB.
- Email can introduce viruses into a computer system and potentially damage or disrupt the computer.
- The use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email created or received at your work computer may be accessed and is controlled by your employer.
- Home computers may be accessed by other family members.

Conditions for using email:

If you consent to use e-mail, we will put the information the emails contain into your client file

and, as such, may be viewed by those authorized to access your file. This includes counsellors involved in the services you receive at YSB and those involved in the supervision of the services.

At any time, you or your counsellor can decide to discontinue communication by email.

Acknowledgement and release to allow email communication

I have read, understand, and accept the above risks and conditions. I recognize that no amount of security measures can make online exchange of information fully secure and that YSB cannot guarantee the security of any information sent via unsecured email.

I will take steps to secure my home computer and the email address that I have provided to YSB.

I will establish a password with my counsellor to protect information attached in e-mails as a way to reduce risks.

With this understanding, I agree that the use of email communication is reasonable and agree that YSB will not be held responsible for information that may be disclosed to unauthorized persons as a result of our email communication.

Signature of client/parent/legal guardian Date

Staff signature Date



Choice Session Questionnaire

Date:		
<i>This form was completed by:</i>		
<input type="checkbox"/> Youth	Youth name:	
<input type="checkbox"/> Parent	Parent or guardian name:	
<input type="checkbox"/> Other	Name and relationship to youth:	

Session requested:

- Individual
- Family
- Parents or caregivers only
- Other (joining with youth)

Please look over the following list and check any areas that are a concern for you. If you are not in a position to check some items, or do not want to complete this section, we will review it in person, during your session.

		For administrative purposes:
Distraction and hyperactivity	<input type="checkbox"/>	
Emotional regulation (mood)	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	
Addiction or excessive behaviours	<input type="checkbox"/>	
Harm to self or others	<input type="checkbox"/>	
Significant life event, trauma	<input type="checkbox"/>	
School	<input type="checkbox"/>	

What is the concern that made you or your family come to the clinic today?

How long has this concern been an issue?

- a few days several weeks or months years

Are you, your child, or anyone with you, currently (today) thinking about completing suicide?

Yes If yes, please explain:

No

Have you, your child, or anyone with you, had any recent thoughts (past 3 months), of completing suicide?

Yes If yes, please explain:

No

Do you believe anyone in your family is currently (today) at risk of being harmed by others?

Yes If yes, please explain:

No

What are your strengths, coping skills, and/or people who could help you get through difficulties?

If you have had previous counselling, what was helpful or not helpful, that would be important for us to know?

What do you hope to gain from your session today?

Is there anything we haven't asked you, that would be helpful to know for your session today?

Thank you for your help



Client demographic information

Date: M/D/Y		
Client Name :		
Client's Date of Birth : M/D/Y		
Pronoun: • She <input type="checkbox"/> • He <input type="checkbox"/> • They <input type="checkbox"/> • Ze <input type="checkbox"/> • Other/please specify _____ • Prefer not to answer <input type="checkbox"/>		
Address	City	Postal Code
Home telephone	Parent cell	Youth cell
Work	Parent email	
Youth email	Name of legal guardians	

*** If we need to reach you after this visit, is it okay if we you call at the telephone numbers you provided, email you or reach you by regular mail?**

- Telephone: Yes (which number) home: work: cell: no
- Email: yes no
- Mailing address: yes no

• Do you prefer to keep this visit confidential from your parents or guardians? yes no

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The Youth Services Bureau (YSB) believes that health is determined by many factors, including housing, environment, education, social support, marginalization, and ethnicity. Please help us to continue to provide services and programs that meet your needs by answering some questions about yourself and your youth. The more we know about our clients, the better we can design our programs to meet the needs of our community. It will take a few minutes. It is completely voluntary and prefer not to answer is always an option for each question so you can decline to answer any of the questions. You are not required to answer the questions to receive services from YSB.

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What is your mother tongue?

- English
- French
- Other/please specify _____
- Prefer not to answer

In which official language, English or French, would you like to receive service?

- English
- French
- Prefer not to answer

NOTE- Only answer language discrepancy (below) if there is a difference between 'mother tongue' and 'preferred language'

Language discrepancy: **Please help explain why there is a discrepancy between your 'mother tongue' and your 'preferred language'?**

- Perception that quality of service is different
- Perception that wait times are different
- Uni-lingual family member
- Other/please specify _____
- Prefer not to answer
- No discrepancy

Other languages (client)

What language is spoken at home?

- English
- French
- Arabic
- Cantonese
- Chinese n.o.s.
- German
- Indigenous Language
- Italian
- Mandarin
- Persian (Farsi)
- Portuguese
- Somali
- Spanish
- Other/please specify _____
- Prefer not to answer

Other Languages (caregiver 1)

What language(s) does your caregiver (parent/guardian) speak at home?

- English
- French
- Arabic
- Cantonese
- Chinese n.o.s.
- German
- Indigenous Language
- Italian
- Mandarin
- Persian (Farsi)
- Portuguese
- Somali
- Spanish
- Other/please specify _____
- Prefer not to answer

Other Languages (caregiver 2)

What language(s) does your other caregiver (parent/guardian) speak at home?

- English
- French
- Arabic
- Cantonese
- Chinese n.o.s.
- German
- Indigenous Language
- Italian
- Mandarin
- Persian (Farsi)
- Portuguese
- Somali
- Spanish
- Other/please specify _____
- Prefer not to answer

Disability:

Disability: Is a physical (your body), mental (your mind), or intellectual (the way you process information) condition that limits your movements, senses, or activities.

Do you self identify with any disabilities and if so, can you describe your disability?

- Yes (choose all that apply) • Developmental • Dexterity
- Drug or alcohol dependence • Flexibility • Hearing • Learning • Memory
- Mental/psychological • Mobility • Pain • Seeing • No
- Other – please specify _____ • Prefer not to answer

Indigenous population:

A set of values that best represents the Indigenous cultural identity self-identified by you. Please indicate which Indigenous group you identify with (*check all that apply*)

- First Nations/Algonquin • First Nations/Cree • First Nations/Mi'kmaq
- First Nations/Mohawk • First Nations/Ojibway
- First Nations/Other – please specify _____
- Inuit • Métis • Not applicable (no indigenous ancestry) • Prefer not to answer

Race: A set of values that best represents a group of people who possess similar and distinct physical characteristics. Race includes biological features such as skin colour, skin tone, eye, and hair colour.

Which race do you identify with (*choose all that apply*)?

- Arab • Black • Chinese • Filipino • Indigenous • Japanese • Korean
- Latin American _____ • South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Vietnamese, Cambodian, Thai, etc.)
- West Asian (e.g., Iranian, Afghan, etc.) • White
- Other - please specify _____ • Prefer not to answer

Ethnicity: A set of values that best represents a category of people who regard themselves to be different from other groups based on common ancestral, cultural, national and social experiences. Ethnicity can be altered or mimicked through choice and/or beliefs. Ethnicity is based on self-identification, whereas race is imposed on a population by society?

Which ethnic/cultural group do you identify with (*choose all that apply*)

- Indigenous • North American (Canadian, American, Mexican)
- British Isles (English, Irish, Scottish, Welsh)
- French (Acadian, French)
- Western European (Austrian, Belgian, Dutch, German, Swiss)
- Northern European (Danish, Finnish, Icelandic, Norwegian, Swedish)
- Eastern European (Czech, Hungarian, Latvian, Lithuanian, Polish, Romanian, Russian, Slovak, Ukranian)
- Southern European (Bulgarian, Croatian, Greek, Italian, Portuguese, Serbian, Slovenian, Spanish)

- Other European (Jewish)
- Caribbean (Barbadian, Guyanese, Haitian, Indo-Caribbean, Jamaican, Trinidadian/Tobagonian, West Indian)
- Latin, Central South American origins (Columbian, Mexican, Peruvian, Salvadorian)
- African (Black, Burundian, Congolese, Eritrean, Ethiopian, Ghanaian, Nigerian, Rwandan, Somali, South African)
- West Asian (Afghan, Armenian, Iranian, Israeli, Turk, Iraq)
- South Asian (Bangladeshi, East Indian, Pakistani, Punjabi, Sri Lankan, Tamil)
- East/Southeast Asian (Cambodian, Chinese, Filipino, Japanese, Korean)
- Oceania (Australian, Pacific Islanders)
- Unknown • Other – please specify _____ • Prefer not to answer

Sex:

Sex refers to your biological status which is usually assigned at birth. What sex are you?

- Female • Intersex • Male • Prefer not to answer

Gender identity: Refers to a person’s innate, deeply felt psychological sense of gender, which may or may not correspond to a person’s body or designated sex at birth.

What is your current gender identify?

- Agender (does not identify as male, female or transgender)
- Female
- Gender Fluid / Non-binary (varies day to day)
- Male
- Trans Male (born female transitioning to male)
- Trans Female (born male transitioning to female)
- Two Spirit • Other/please specify _____ • Prefer not to answer

Sexual orientation: Refers to the emotional, physical, romantic, sexual and spiritual attraction, desire or affection for another person.

What is your sexual orientation?

- Asexual (no sexual feelings or desires) • Bisexual • Gay • Straight/Heterosexual
- Lesbian • Two-spirited
- Queer (An identify used because the terms gay, lesbian or bisexual are not sufficient for their inner feelings)
- Other • Please specify _____ • Prefer not to answer

Place of origin:

A set of values that best represents where you were born and length of time in Canada.

Where were you born?

- Canada
- Outside of Canada/please specify _____
- Prefer not to answer

Year of arrival in Canada – Note, only ask if born outside of Canada

What year did you come to Canada?

- _____
- Prefer not to answer

Legal status in Canada:

How would you describe your status in Canada?

- Citizen
- Dual Citizen
- Permanent resident
- Refugee
- Temporary resident
- Prefer not to answer

Client’s legal guardian:

- Both parents
- CAS (Crown Ward)
- CAS (Interim care and custody)
- CAS (Society of temporary ward)
- Father only
- Mother only
- Independent (Youth responsible for self)
- Public guardian
- Neither parents but other relative (s) or non relative (s)
- Parental/CAS (temporary care agreement)

Currently attending school:

Are you currently attending school?

- Yes If you answered ‘Yes’, which school are you registered with? _____
- No
- Prefer not to answer

School board:- Note: This only applies to youth who attend school in the Ottawa area. If not from the Ottawa area, disregard question. Which school board?

- Conseil des écoles catholiques du Centre-Est: CECCE
- Conseil des écoles publiques de l’Est de l’Ontario: CEPEO
- Ottawa Carleton District School Board: OCDSB
- Ottawa Catholic School Board: OCSB

Grade:

What grade are you in?

- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
- Post-Secondary
- Prefer not to answer
- Other _____ (please specify)
- Prefer not to answer

Family income last year:

Do you know what your family's total income was last year? If so, can you share how much that was?

- \$0 to \$29,999
- \$30,000 to \$59,000
- \$60,000 to \$89,000
- \$90,000 to \$119,000
- \$120,000 to \$149,000
- \$150,000 or more
- Do not know
- Prefer not to answer

Current living situation:

What is your current living situation?

- Apartment/house
- Group home
- Homeless/on street
- Shelter/hostel
- Supportive housing
- Transient
- Other/please specify _____
- Prefer not to answer

Living arrangement:

Who do you currently live with?

- Foster Family
- Friends
- Group home
- Independent
- Other relative(s)
- With parent(s) or guardian(s)
- With sibling(s), no parent(s)/guardian(s)
- Other – please specify _____
- Prefer not to answer

Referral source:

Who suggested you come to the walk-in?

- CAS
- Crossroads
- Probation
- Le CAP
- Doctor
- Robert Smart
- CHEO
- Police
- School
- Community Resource Centre
- Group Home
- Coordinated Access
- Other _____ (please specify)

YOUR PERSONAL HEALTH INFORMATION: PRIVACY AND CONFIDENTIALITY

AT YSB, WE WILL RESPECT AND PROTECT YOUR PRIVACY.

ALLOWING US TO COLLECT YOUR PERSONAL HEALTH INFORMATION

Keeping your personal information private is important. We only collect this information from you, and, with your consent, when you have said it's okay to get it from someone else.

When we collect your information, it may include personal information that is not related to your health. Personal information may include your name, age, ethnicity, address, e-mail, or phone number, etc.

You are free to take away your consent at any time about any part of your personal or health information, but this may make it harder for us to help you.

We only ask you for information that we think will help us to provide you with good services. It's up to you whether you want to give us information or not.

We are required by law to make notes on our contacts with you. This can include things like an assessment, your counselling plan, consent forms, contact notes, letters, and emails.

COLLECTING AND USING YOUR PERSONAL HEALTH INFORMATION

We collect and use your personal information to figure out how we can best help you. It also helps us see if things are changing for you, to give information to other professionals (with your permission), and to make sure we're doing our best to keep you safe. If we ever want to use your information for something new, we will ask you first.

If we think you are at risk of harming yourself, harming others, or being harmed, we will work with you to help make things safer.

YSB staff know that your personal information is very private. They have been trained in how to use it and keep it safe.

We keep your information safe by keeping your paper file locked up in a restricted area. Our computers are also in restricted areas and are password protected. If your information leaves our offices, it is protected by transferring it in sealed envelopes or boxes, sending it through a direct fax line, removing all identifying information, or through encryption.



DISCLOSING YOUR PERSONAL HEALTH INFORMATION

Your personal information will never be given to anyone outside YSB without your consent (or if you are incapable of making this decision, without your parent or guardian's consent) except for three situations: 1) where there is a risk that you or someone else will suffer serious harm; 2) where there is a legal (for example, if there is a child abuse concern or a court order) or administrative (for example, providing information for evaluation or funding of our programs) reasons (we will only release necessary information); 3) if you are under 16, your parent can request information without your consent, unless you have requested that your parent not be involved in your work with us or you have told us that you do not want your information released to your parent. For youth aged younger than 12, parents can access your information without your consent.

KEEPING AND DESTROYING YOUR PERSONAL HEALTH INFORMATION

We keep your personal information after you complete services with us so we can answer questions you may have in the future. We also keep it so that we can answer questions from our funders or accreditors. However, we do not release your personal information to them if you do not agree to this.

We keep your personal information as long as required by law and in accordance with our policies. These time frames may vary, depending on the services.

We destroy paper files containing your personal information by shredding them. Electronic files are deleted.

YOUR RIGHT TO ACCESS YOUR PERSONAL HEALTH INFORMATION

You have the right to see any part of your personal information and to ask for copies of this information. There are some exceptions that may apply. In these cases we will let you know why.

If you would like to look at your personal information, or if you believe that some information in your file is not correct and you want it corrected, please make a written request to the YSB Privacy Officer at the address below. We will respond to your request within 30 days.

If we do not agree with the correction you request, you may write a notice of disagreement, which we will put in your file.

If you have a question about the privacy of your personal information, we encourage you to discuss this with one of our staff members or the YSB Privacy Officer at privacyofficer@ysb.ca or using the contact information below.

MORE INFORMATION:

THE INFORMATION AND PRIVACY COMMISSIONER OF ONTARIO
2 BLOOR STREET EAST, SUITE 1400 TORONTO, ON M4W 1A8
416-326-3333 OR 1-800-387-0073

WWW.IPC.ON.CA | E: INFO@IPC.ON.CA

or

THE INFORMATION AND PRIVACY COMMISSIONER OF CANADA
112 KENT STREET OTTAWA ON K1A 1H3
613-947-1698 OR 1-800-282-1376

WWW.PRIVCOM.GC.CA

 613-729-1000

 INFO@YSB.CA

  [YSB.BSJ](https://www.facebook.com/YSB.BSJ)

 [YSB_BSJ](https://twitter.com/YSB_BSJ)

YSB.CA



COMPLAINT PROCEDURE FOR CLIENTS

As a client of YSB, you have access to a complaint process if you have a concern about any aspect of our services, including provision of French Language Services and accessibility. Your complaint can be made verbally, in person or in writing. If you would like to make a written complaint, you can write down your concerns on this sheet or you

can write them in an email and send it to complaints@ysb.ca or to YSB Head Office, 2675 Queensview Drive, Ottawa, ON, K2B 8K2.

The first step in addressing a complaint would be to talk about it with one of our staff, this includes Coordinators and Directors. If you are still unsatisfied, you can direct

your complaint to the Associate Executive Director or the Executive Director at 613-729-1000.

If you have spoken with our Executive Director and are not satisfied, you can call the Advocacy office at 1-800-263-2841 (no charge) or call collect at (416) 325-5669.

Details of Complaint:

Signature: _____ Date: _____