

# 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.*

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## 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.

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## 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!

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### NEXT PAGES:

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

## CONSENT TO RECEIVE SERVICES

For use with clients aged 12 or older

Your Name: \_\_\_\_\_

Client #: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ consent to receive the following services from  
the Youth Services Bureau (YSB):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed about the nature of these services, the risks and benefits and consequences of the services and the alternatives, including not having the services.

### Your Privacy:

To provide you with services, YSB needs to maintain certain records – this is your “client file”. The YSB Privacy Statement explains how we handle your client file and protect your privacy.

### Important Information About the Limits of Confidentiality

1. If we have concerns for the safety of someone younger than 16 (you or someone else), we **must** tell the Children’s Aid Society. If we have concerns for the safety of someone between the ages of 16-18 (you or someone else), we may also have to tell the Children’s Aid Society.
2. If you tell us that someone 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 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 may share this information internally with other YSB staff who work with you, as well as with applicable YSB management staff, so that we can work together to help you and ensure your and others safety. 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. Your information is kept in your paper file and/or on our confidential agency database. 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.
7. Your file is private and only staff who “need to know” your information to provide you with services are allowed to access your file.
8. In addition to staff who are providing you with the services, YSB may also use your information to plan, deliver, and maintain the quality of our programs or services, manage risks, educate our staff, research our service areas, and maintain our accreditation and funding.
9. If you are 16 years of age or older, we will not release any information about you without your permission unless required by law (like a court order).

10. 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 we are unable to reach you in a reasonable time, unless you have already told us not to share information with your parent or guardian, we may have to release information about you to your legal guardian.

**If we cannot reach you, can we share your information with your parent or guardian?**      **YES**      **NO**

*If you circled "NO", YSB will not share your information with your parent or guardian unless it is required by law or a court order, or you tell us that you changed your mind.*

**We Want to Hear from You:**

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 staff 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.

We may also contact you within the year after you complete a service to ask for comments and suggestions on our service delivery.

If you have any questions regarding what you have just read or any other questions about our services, please ask us.

**Please check off the statements that you agree with. If you do NOT agree with any of these statements, please tell the staff helping you.**

- I have read, understood, and agree with all of the above information. I have been asked by YSB staff if I have questions and had my questions answered.
- YSB staff has provided me with a copy of the YSB Privacy Statement, I have read and understood it, and YSB staff have answered my questions.
- I understand that this form will apply to any YSB services that I agree to in the future too.
- I know how to make a complaint or provide feedback about YSB staff and services.
- YSB staff have told me where I can find out more about YSB's programs and services as well as the YSB's Mission and Beliefs Statements.

By signing below, I confirm that I understand the nature and purpose of the services that I am agreeing to. Any major changes in the services I receive or how YSB handles my information will be discussed with me and cannot be made without my permission. I understand that I can change my mind at any time by letting YSB staff know.

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian if applicable)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Date)

*Nina Gorka*

\_\_\_\_\_  
Authorized by CEO, Nina Gorka

November 4, 2024

\_\_\_\_\_  
(Date)



## 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)

**Your Name(s):**

At YSB we recognize and value gender diversity. We also recognize the relationship between whether or not your gender identity is respected and your mental health and well-being. Gathering this information now helps us work with you in ways that are respectful, inclusive and supports positive well-being. We also ask what your preferences are with others in your life in case there may be people with whom you are not comfortable sharing this information with yet or who may be unsupportive. Please share any other things you want us to know about names and pronouns.

• Chosen name:  
\_\_\_\_\_

- Please use in session
- Please use when contacting school
- Please use when contacting parents/guardians
- Please use with medical professionals

• Special Notes: \_\_\_\_\_  
\_\_\_\_\_

• Assigned (Dead) name:  
\_\_\_\_\_

- Please use in session
- Please use when contacting school
- Please use when contacting parents/guardians
- Please use with medical professionals

• Special Notes: \_\_\_\_\_  
\_\_\_\_\_

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

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**How long has this concern been an issue?**

- a few days                       several weeks or months                       years

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

Yes                      If yes, please explain:

No

**Have you, your youth, 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?**

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

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**What do you hope to gain from your session today?**

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

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Thank you for your help - we look forward to seeing you soon!





## 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. Please note that this list is not exhaustive.

Which best describes your gender identity?

- Agender
- Female/Woman
- Gender Fluid
- Non-binary
- Male/Man
- Trans Male/Trans Man/Female to Male
- Trans Female/Trans Woman/ Male to Female
- Two Spirit  • Other/please specify \_\_\_\_\_ • Prefer not to answer

**Sexual orientation:** Refers to sexual attraction, desire or affection for another person.

What is your sexual orientation?

- Asexual  • Bisexual
- Gay  • Heterosexual/Straight
- Lesbian  • Queer
- Two-spirited
- Other  • Please specify \_\_\_\_\_
- Prefer not to answer

**Religion, faith, or spiritual affiliation:**

- Buddhist
- Christian
- Hindu
- Indigenous Peoples
- Jewish
- Muslim
- No religious, faith or spiritual affiliation
- Sikh
- 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?**

- 1call1click.ca  • CAS  • CHEO  • Coordinated Access  • Community Resource Centre
- Crossroads  • Extended Family  • Family Friend  • Parent  • Physician
- Roberts Smart  • Self Referral  • YSB  • Prefer not to answer

# 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](mailto: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](http://WWW.IPC.ON.CA) | E: [INFO@IPC.ON.CA](mailto: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](http://WWW.PRIVCOM.GC.CA)

 613-729-1000

 [INFO@YSB.CA](mailto:INFO@YSB.CA)

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# 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](mailto: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 YSB's CEO at 613-729-1000.

If you have spoken with our CEO and are not satisfied, you can call the Ontario Ombudsman at 1-800-263-1830 or 416-586-3300 or [info@ombudsman.on.ca](mailto:info@ombudsman.on.ca).

Details of Complaint:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_