



Canton Family YMCA

Concern Form

Please state the concern below and be as specific as possible. The concern will then be given to the person who can best address it and he/she will then follow through on the matter within 48 hours.

Date: _____

Name: _____ Phone: _____

Address: _____

Concern: _____

Please check here if a personal response is desired.

Concern Form received by: _____

Concern Registered: In person By telephone

For Staff Use Only

Handling of Concern

Date: _____

Explain Briefly how concern was resolved:

Resolved by: _____

Contacted by: Telephone Letter In person

Signature: _____