



## AGENCY COPY PARTNER ABUSE PROTOCOL REVISION REQUEST FORM

Signatory partners, associated agencies and organizations, and area service providers are invited to complete this form to request a change, addition, or deletion to the Protocol with priority attention to the descriptions of their services and programs.

***Completed forms should be submitted to the Chair, KFACC  
P.O. Box 21042, Kingston, ON, K7L 5P5***

Name of organization: \_\_\_\_\_

Your name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Revision Requested: Include section name, page #, and description of changes needed

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Rationale for Requested Revision:

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Please list any attachments included with this form:

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