

COMPLAINT FORM

Name of person making complaint: _____

Telephone Number: _____ Email: _____

Address: _____

Date of Report: _____ Complaint Made To: _____

Details of complaint including: date(s); and person(s) involved; location; time; (use back of page if more space is needed):

Did any one witness the incident? Yes ___ No ___ If yes who: _____

Please note that your complaint will be taken seriously and you can expect to receive a call or letter to obtain further information or to advise you of the measures taken to address the issue.

I, _____, the Complainant, wish to lodge a complaint. I, hereby authorize the appropriate Manager or Executive Director to conduct whatever investigations are necessary to reach a satisfactory resolution to the complaint. I also hereby agree to participate in this investigation to the best of my ability.

Signature of Complainant: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Complete this form once the investigation has been completed

Description of actions taken:

Attachments: please list and attach any letters, emails or other evidence gathered in the investigation:

Signature of Investigator: _____ Date: _____