

COMMUNITY INTEGRATION SERVICES SOCIETY

Complaint

Complaint Filed By: _____ Date Received: _____
Home Phone Number: _____ Cell Phone Number: _____
Address: _____ City: _____
Postal Code: _____

Complaint Against:
If applicable, have you taken up your complaint with the person involved? Yes No
If not, why not?
Nature of Complaint: Harassment <input type="checkbox"/> Unfair Treatment <input type="checkbox"/> Abuse <input type="checkbox"/> Other <input type="checkbox"/> Violation of Rights <input type="checkbox"/> _____
Description of Complaint (include order in which events occurred, as well as names of all persons involved and any important dates):
What outcome are you hoping for?

COMMUNITY INTEGRATION SERVICES SOCIETY
Complaint

I hereby certify that all of the above statements made are correct according to the best of my knowledge.

Signature of complainant

Date

For Office Use Only:

Signature of person who received complaint

Date complaint received

Action Taken to Resolve Complaint (*include dates*):

Final Outcome:

I hereby certify that the actions taken to resolve the complaint, as outlined above, are correct according to the best of my knowledge.

Signature of respondent

Date

Next Step: Summary letter to be issued to complainant

Date Issued:

Initials: