## **ANHBC Complaint Form**

This form is to be used to provide details regarding a complaint about an Association of Neighbourhood Houses BC program, staff member, policy, or service. Please provide as much detail as possible to ensure we have adequate information to review your concerns.

Contact Information	
Name:	_ Pronouns
Phone:	-
E-mail Address:	
Program and/or ANHBC Staff member involved	
Name:	-
Department/Program Name:	
Details of the Complaint	
Location of the ANHBC program/service:	
Date and time of incident:	
Please describe the situation leading to the complaint, of that they happened. Include the names/contact information who witnessed the event resulting in the complaint. If possible (evidence) to support your complaint and provide any a would be helpful.	ation of others who were present or ossible, please include documents

	u already raise 1   Yes 1   No	ed this comp	laint with t	he individu	ıal?		
If Yes, ple	ease explain v	vhat steps yo	ou have tak	en to reso	lve your co	mplaint.	
ldressir	ng Complaint	:s					
	d vou like vou	ur complaint	+0 b0 add=	occod? The	nurnaca a	f this guesti	ion is to be

How would you like your complaint to be addressed? The purpose of this question is to help us address your complaint, but we may not be able to fulfil this request, based on the outcome. We cannot guarantee we can honour your request, but we will do our best to accommodate your needs.

I declare to the best of my knowledge that the information and documents I have provided are true and correct. I understand that ANHBC Leadership may disclose the information in this complaint to the ANHBC program staff member(s) involved and a response will be provided within 30 days.

Complainant Signature:
Date:
Complainants can be submitted to the [Neighbourhood House/Camp] Executive
Director by emailing [insert email here].