1. **Information about you (the Complainant)**

**Note:** You may submit your comments anonymously if you wish on the “Feedback” section of our website <http://www.octevaw-cocvff.ca/>.

**Name**

First name Middle name Last name

**Address**

Number Street Name P.O. Box, Unit/Apartment Number

                                               

City Province/Territory Postal Code

                                    

Home Telephone Work Telephone Cell or Contact Telephone

     -     -                -     -                -     -

Email

               

1. **Your complaint**

Please ensure your complaint includes :

* the name of the person(s) you are complaining about, if your complaint is directed at one or more individuals;
* full, accurate information about the incident that gives rise to the complaint, including what you feel the person did wrong and how it affected you.

**Note:** We understand that the complaint process and the circumstances that give rise to complaints can be stressful. However, we will not accept racist, discriminatory or harassing behaviour or profane communications and will take steps to protect our board, staff and volunteers from such behaviour.

1. **What would you like to see happen as a result of your complaint?**

1. **Please list any documents you are sending to support your complaint.**

You can upload PDFs or scanned copies of these documents as separate attachments if you are submitting your complaint via our website. If you are submitting your complaint by mail or email, please attach copies (no originals, please).

                                                                      

                                                                      

1. **Acknowledgement and Signature**

Before completing this form, please make sure you read the attached Information Sheet on our policy and procedures with respect to complaints.

I have read and I understand the following:

I understand that OCTEVAW will share the information and documents that it receives from me (with the exception of contact information) with the person(s) complained about. I understand that if I do not agree, OCTEVAW will be unable to process my complaint.

                                                        

Signature of Complainant Date

**Note:** If you are filing this complaint on behalf of the Complainant, please include your name and contact information below.

First name Middle name Last name

Home Telephone Work Telephone Cell or Contact Telephone

     -     -                -     -                -     -

Email

If you have any questions about how to file your complaint, please go to our [website](mailto:http://www.octevaw-cocvff.ca/) or call us at 613-237-1000.