

# Complaints Form

Use of this 2-page form should follow discussions about the complaint with at least one of the Regional Director, the BCSSA Provincial Manager or another member of the Provincial Board.  
\* Please refer to the most recent BCSSA Harassment Policy for further guidance \*

Complainant Information					
Full name					
Mailing address					
City		Postal Code			
Phone (with area code)	( day )		( eve )		
Email					
BCSSA Club					

Complaint Information	
Nature of Complaint	
BCSSA Policy Contravened	
Date (s) on which policy contravened (Day / Mon / Year)	

**If complaint is against a specific person(s), please give name(s) below:**

1.
2.

**Please describe the complaint in detail below (who, what, where, when, how.)  
Include specifics as much as possible. Please avoid generalizations.**

**Please describe below the actions you have taken to resolve the issue. If you have not taken actions,  
please state the reason.**

Please list any witnesses to the incident(ces) described including their contact information (Name, Phone number, email):		
1.	<i>First &amp; Last name</i>	<i>Phone number and/or email</i>
2.	<i>First &amp; Last name</i>	<i>Phone number and/or email</i>

How has this issue affected you? Please describe the impact of this issue on you.

What kind of resolution are you seeking?

<b>Date of submission</b> <i>(Day / Mon / Year)</i>	
<b>Signature of Complainant</b>	

BCSSA OFFICE USE ONLY	
<b>Date complaint received on</b> <i>(date: day/mon/year)</i>	
<b>Complaint received by</b> <i>(name / email)</i>	
<b>Complainant notified of receipt on</b> <i>(date: day/mon/year)</i>	