

CONFIDENTIAL COMPLAINT FORM

For Events Organized by the ELCIC

This form should be completed by a person wishing to lodge a complaint. All information will be held securely and confidentiality will be maintained at all times.

A. General data

Name of the person lodging the complaint: _____

Address: _____

Tel.: _____ Email: _____

Name of the person you wish to lodge a complaint against (if known) _____

Date of incident: _____

Time of incident: _____

Title of Event: _____

Place of incident: _____

Date of reporting: _____ Time of reporting: _____

B. Brief description of the incident or concern:

State what happened, trying to follow the sequence of events from start to finish. If the incident location is not well known, describe the location based on your memory of it. Give a description of the "subject of complaint" if you do not know their name.

C. Name of witnesses: (if any)

Supply the names of witnesses and how they can be contacted, if known.