

# CONFIDENTIAL COMPLAINT FORM

For Events Organized by the Manitoba / Northwestern Ontario Synod

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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Subject of Complaint (person's name, 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.