

Sections 1 – 6 to be completed by complainant (may be assisted by staff or a third party representative)

1. Complainant Information:	
Last Name:	First Name:
Address:	
City:	Postal Code:
Phone:	E-Mail:
2. Issue/Dispute Information:	
Date(s) of Issue/Dispute:	Location(s) where Issue/Dispute Occurred:
Dispute Involves:	
<input type="checkbox"/> Another Client	Name:
	Contact Info:
<input type="checkbox"/> Staff Member	Name:
	Contact Info:
<input type="checkbox"/> Other	Name:
	Contact Info:
3. Witness/Support Person(s) Information (if applicable):	
1. Last Name:	First Name:
Phone:	E-Mail:
2. Last Name:	First Name:
Phone:	E-Mail:
4. Summary of Issue/Dispute: <i>Please include who, what, when, where, how, and any contributing factors that may have preceded the issue/dispute, using a separate page if required</i>	
5. Supporting Documentation: <i>Please note all supporting documentation below and attach with this form.</i>	
6. Complainant Signature:	
X	X
Complainant Signature	Staff member/Third Party Representative Signature
X	X
Complainant Printed Name	Staff member/Third Party Representative Printed Name
Date:	Date:

ETHOS Administration use – please turn over

9. Step 3 - Executive Resolution: <i>To be completed by ETHOS' CEO or designate</i>	
Date form received:	Date complainant contacted:
Date of meeting with complainant:	Participants attending:
Summary of meeting: <i>Use separate page if required</i>	
Plan to resolve issue/dispute: <i>Use separate page if required</i>	Date plan to be completed by:
Issue/Dispute Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, proceed to Step 4 – Decision Review Process
<i>The undersigned agree that a mutually-agreeable resolution to this issue/dispute was reached at the above meeting and that all steps in the plan to resolve the issue/dispute have been completed:</i>	
X	X
Complainant Signature	CEO or Designate Signature
X	X
Complainant Printed Name	CEO or Designate Printed Name
Date:	Date:
10. Step 4 – Decision Review Process: <i>To be completed by a neutral third-party reviewer</i>	
Date form received:	Date complainant contacted:
Received by Name:	
Position:	Company/Organization:
Address:	Phone:
E-mail:	Other Information:
Date of meeting with complainant:	Participants attending:
Summary of meeting: <i>Use separate page if required</i>	
Plan to resolve issue/dispute: <i>Use separate page if required</i>	Date plan to be completed by:
<i>The undersigned agree that a mutually-agreeable resolution to this issue/dispute was reached at the above meeting and that all steps in the plan to resolve the issue/dispute have been completed:</i>	
X	X
Complainant Signature	CEO or Designate Signature
X	X
Complainant Printed Name	CEO or Designate Printed Name
Date:	Date: