**COMPLAINT FORM**

Form Reviewed and or Updated: Jan 23 2024

The Association respects the rights of those served and our employees to be heard, informed, and involved in decision making in matters affecting them. In keeping with this, all consumers, volunteers and employees, have the right to grieve or complain about any Association decisions or actions, which directly impact them.

Complainant Name: Click here to enter text. Date of reporting: Click here to enter a date.

Contact Information of Complainant:

Phone: Click here to enter text. Email: Click here to enter text.

Address: Click here to enter text.

This complaint is about:  An Employee  a policy or action of CMHA

A Program Director / Supervisor  an infringement on your rights

A Volunteer  bullying and harassment

If this is a complaint about Policy or Procedures, an employee of the Association, or if an infringement on your rights, or an act of bullying and harassment, please complete the form and provide it to the Program Supervisor, Program Director, Executive Director or Director of Operations. If this is a complaint about a volunteer, please forward this form to the Volunteer Coordinator.

The person being accused will be given the opportunity to respond to the complaint. Serious breaches of professional conduct could result in immediate suspension pending investigation, and are dealt with as outlined in the Association’s Personnel Manual and in the Collective Agreement.

If the situation is not satisfactorily resolved with the Executive Director, the client / volunteer / employee will have the right to approach the Board of Directors. Upon written request the Executive Director will ensure the client (or parent / guardian), advocate, volunteer or employee will be provided with a date and time when they can meet with designated Board representatives to further discuss the situation.

Under ordinary or general circumstances, results of the investigation will not exceed twenty-one (21) business days. The complainant will receive a written response regarding the actions to be taken to address resolution. Action(s) will not result in retaliation or barriers to services.

Please give a detailed description of your complaint. Be sure to include:

* Name(s) of those involved in the incident(s)
* The name(s) of any witnesses
* The location, date and time of the incident(s)
* Specific details about the incident(s) including behavior and or words used, and
* Any details that would assist in the investigation.
* Attach any supporting documents such as emails, handwritten notes, or photographs. Physical evidence such as vandalized personal belongings can be submitted.

Details of the incident/compliant:

Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMHA Kootenays complies with BC's privacy legislation. We must collect certain information about you in order for you to access the services we provide. We will retain this information as long as required by our governing bodies. At any time, you may request access to this information. Association policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA)."