

MEMBER COMPLAINT FORM

Members must take the initiative to resolve disputes before expecting the Co-op to become involved: For a complaint to be considered by the Co-op, the behaviour must violate the Rules, Occupancy Agreement or policies of the Co-op.

I have a complaint about member:

in Unit#

This complaint demonstrates a violation of Rule

or section

of the

Occupancy Agreement or the

Policy.

Describe your complaint below. Include date, time and place of the incident if applicable. Use the back of this form or submit more information on a separate sheet if you need more space.

I have tried to resolve the issue by:

The following person(s) are willing to be witnesses to this complaint:

What solution are you looking for?:

I am willing not willing to participate in mediation if the Board feels that this is appropriate.

I understand that the information in this complaint form is being collected for the purpose of an investigation and possible action by the Co-op. I consent to this collection and use. I also understand that this information will be shared with the person/people involved in the incident and the Member Relations Committee if mediation is accepted.

For your complaint to be considered, you must fill in the information above and sign this form

Sign here: _____ Date: _____

Print your name _____ Unit # _____ Tel. # _____

Submit this completed form to the Board of Directors in a sealed envelope and place it in the secure mailbox on the west side of the community building.