

ANHBC Complaint Form



This form is to be used to provide details regarding a complaint about an Association of Neighbourhood Houses BC program, staff member, policy, or service. Please provide as much detail as possible to ensure we have adequate information to review your concerns.

Name:	Pronouns
Phone:	
E-mail Address:	
Program and/or ANHBC Staff member involved Name:	
Department/Program Name:	
Details of the Complaint Location of the ANHBC program/service:	
Date and time of incident:	
Please describe the situation leading to the complain that they happened. Include the names/contact info who witnessed the event resulting in the complaint. (evidence) to support your complaint and provide ar would be helpful.	rmation of others who were present or If possible, please include documents

□ Yes □ No
If Yes, please explain what steps you have taken to resolve your complaint.
Addressing Complaints How would you like your complaint to be addressed?
How would you like your complaint to be addressed?
The purpose of this question is to help us address your complaint, but we may not be able to fulfil this request, based on the outcome. We cannot guarantee we can honour your request, but we will do our best to accommodate your needs.
I declare to the best of my knowledge that the information and documents I have provided are true and correct. I understand that ANHBC Leadership may disclose the information in this complaint to the ANHBC program staff member(s) involved and a response will be provided within 30 days.
Complainant Signature:
Date:
Complainants can be submitted to the South Vancouver Neighbourhood House Executive Director by emailing mimi.rennie@southvan.org

Have you already raised this complaint with the individual?