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COMPLAINT FORM
Women's Habitat

Name of Complainant: _____

Name of Respondent: _____

Date of Complaint: _____

Complaint Made To: _____

Details of Complaint (use back of page if more space is needed):

Action Taken During Informal Resolution Procedure (If Applicable):

I, _____, the Complainant, wish to lodge a complaint. I, hereby authorize the Outreach Manager of Women's Habitat to conduct whatever investigations are necessary to reach a satisfactory resolution to the complaint. I also hereby agree to participate in this investigation to the best of my ability.

Signature of Complainant: _____ Date: _____