

Formal Complaint Form

Please read the Complaints Procedure before completing this form. Every effort will be made to ensure confidentiality, consistent with a full investigation of the complaint. Complaints made anonymously may not be accepted

Today's Date
(MM/DD/YYYY)

Student ID
number

Email Address

First Name

Last Name

Program (if applicable)

Campus

.....

Date of incident
or situation
MM/DD/YYYY

Time of Incident

Location of incident

Please describe what happened. Be as detailed as possible including any witnesses.

If the complaint was received via e-mail, please indicate here and attach a copy.

Desired outcome

Did you raised this issue informally first?

Yes
No

If Yes, who did you raise it with

If No, please explain why the issue was not raised informally first

If Yes, what was their response

I declare that to the best of my knowledge, this form contains a complete and accurate account of all the factors relevant to my complaint. I understand that a copy of this form may be provided to a member of staff who is the subject of the complaint, or who is otherwise involved, and that making a complaint which is found to be mischievous or malicious may be deemed to be a breach of the Code of Conduct Policy.

Signature:

Date:

The completed form should be addressed to the Complaints Resolution Office, Vice-President Student Services and Human Resources, or sent by Email to Complaint@sl.on.ca.

OFFICE USE ONLY

Date Complaint Received
MM/DD/YYYY

Received by:

Related Dates:

Status of Complainant:

Action Taken

- Not Started
- In Progress
- Complete