

Name of Individual Filing Complaint: _____

Role: _____

Date of occurrence: _____

Time of occurrence: _____

Other Individuals Involved/Witnesses to Complaint: _____

Type of Complaint (select all that apply):

- Inappropriate Behavior by Employees/Volunteers;
- Inappropriate Behavior by Consumers;
- Retaliation; and/or;
- Whistleblower complaints.

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified?

If suspected abuse was it reported to the State?

Has this situation ever occurred previously?

Describe the remedy you seek.

Please list all remedies sought as a result of bringing this grievance.

What would you like to see happen to solve this issue?

Submitted by:

Telephone number;

Location:

Reviewed by: _____

Date: _____

Signature: _____

***Email completed form to: Jon@ymcaofbc.org**