



## APPENDIX 1 COMPLAINT REPORT FORM

**Your name** (*optional – you may submit your complaint anonymously*):

**Department of Big Brothers Big Sisters of Leeds & Grenville** (if applicable) (*optional*):

**Supervisor** (if applicable) (*optional*):

**Telephone** (*optional*):

**E-mail** (*optional*):

Big Brothers Big Sisters of Leeds & Grenville WILL TREAT ALL REPORTS MADE UNDER THIS POLICY AS CONFIDENTIAL TO THE FULLEST EXTENT THAT IS CONSISTENT WITH CONDUCTING A FULL AND FAIR INVESTIGATION. EVEN IF YOU MAKE A REPORT UNDER THIS POLICY AND DISCLOSE YOUR IDENTITY, Big Brothers Big Sisters of Leeds & Grenville WILL EXERCISE CARE TO KEEP CONFIDENTIAL YOUR IDENTITY UNTIL A FORMAL INVESTIGATION IS LAUNCHED. AT THAT POINT, YOUR IDENTITY WILL BE DISCLOSED TO OTHER INDIVIDUALS ONLY TO THE EXTENT NECESSARY TO CONDUCT A COMPLETE AND FAIR INVESTIGATION.

**Describe Reportable Activity:**

**Date you became aware of Reportable Activity:**



**Reportable Activity is:**

- Ongoing \_\_\_\_\_
- Completed \_\_\_\_\_
- Unclear whether ongoing or completed \_\_\_\_\_

**Department suspected of Reportable Activity:**

**Individual(s) suspected of Reportable Activity:**

**How did you become aware of the Reportable Activity?**

**Describe any steps you took prior to completing this Report** (e.g., informed a representative of Big Brothers Big Sisters of Leeds & Grenville)

\_\_\_\_\_  
Date you completed this form