

COMPLAINT REPORT FORM

T 7					
v	^	m	n	ım	ים
	u	uı	110	LLLI	С.

(optional - you may submit your complaint anonymously)

Supervisor:

(if applicable) (optional)

Department of Big Brothers Big Sisters of Winnipeg:

(if applicable) (optional)

Telephone:

Email:

(optional)

(optional)

Big Brothers Big Sisters of Winnipeg will treat all reports made under this policy as confidential to the fullest extent that is consistent with conducting a full an fair investigation. Even if you a report under this policy and disclose your identity, Big Brothers Big Sisters of Winnipeg 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:

