



## MEMBER COMPLAINT FORM

**When there are problems or disagreements between members, it is important for you to take the initiative to resolve the issue before expecting the Co-op to get involved. Anyone may file a complaint against a member about conduct that is believed to be contrary to the By-Laws, Occupancy Agreement and/or the policies of the Co-operative. Please consult these documents before you file a complaint.**

To file a complaint against a member, please fill out the following form and submit it to:  
 Davidson Creek Housing Co-op  
**Community Hall Unit #19 Mailbox**

A complaint can also be made to the PIPA Officer by email by scanning the form and sending it to: [pipa@davidsoncreek.ca](mailto:pipa@davidsoncreek.ca)

Contact information of the person filing the complaint		
<b>First Name:</b>	<b>Last Name:</b>	<b>Unit #</b>
<b>Telephone Number:</b>	<b>E-mail Address:</b>	

Information about the person I am complaining about		
<b>Name of the Member:</b>		<b>Unit #</b>
<b>Is the Member a Director on the Board:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Date of actions that led to the complaint:</b>	

Description of your complaint:
In your own words, describe the conduct of the member. Please provide enough information so that the Co-op will understand what your complaint is about. Please also provide any additional information that may support your complaint.

**The complaint I have demonstrates a violation of: (check and complete all that apply)**

By-law No. 1, section(s)

By-law No. 2, section(s)

Occupancy Agreement, section(s)

**Policy:** \_\_\_\_\_

I believe that the behaviour I am complaining about breaks the above because:

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**Measures I have Taken to Resolve the Matter**

I have tried to resolve this problem myself by:

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Please describe what your needs are in resolving this complaint:

**Before your complaint will be considered by the Co-op, you must fill in each of the sections above and sign and date this form. Please drop off the completed form in the hall (Unit #19) mailbox.**

I understand that the information in this Complaint Form is being collected for the purpose of an investigation and possible action by the Co-op. I consent to this collection and use. I also understand that this information may be shared with the person / people involved in the incident, staff of the Co-op and the Board of Directors.

I am interested / not interested (check which one applies) in mediation if the Board of Directors feel this is appropriate.

**Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_