



Complainant

Date Incident Occurred	<input type="text"/>		
Name	<input type="text"/>		
College	<input type="text"/>	Faculty	<input type="text"/>
Phone number	<input type="text"/>	Cell number	<input type="text"/>
E-mail	<input type="text"/>	Student Number (if applicable)	<input type="text"/>

Local address

Number and Street	<input type="text"/>		
Unit, Apartment, Floor	<input type="text"/>		
City	<input type="text"/>	Province / Territory	<input type="text"/>
Postal Code	<input type="text"/>		

Respondent(s)

Name of Respondent	<input type="text"/>		
College		Faculty	
Phone number	<input type="text"/>	Cell number	<input type="text"/>
E-mail	<input type="text"/>	Student Number (if applicable)	<input type="text"/>
Local address			
Number and Street	<input type="text"/>		
Unit, Apartment, Floor	<input type="text"/>		
City	<input type="text"/>	Province / Territory	<input type="text"/>
Postal Code	<input type="text"/>		

Complaint Details

Please provide a concise description of the Complaint.

Date of Incident (if there are multiple incidents, please indicate below)

Location of Incident

Witnesses (please indicate any witnesses present during the incident, if applicable)

Complaint Details (provide as much details as you can to convey your concerns. Feel free to use bullet points)

Resolution (How would you like the incident to be resolved. If there are any specific sanctions you are seeking, please list them below)

