



COMPLAINT REPORT FORM

If you have a complaint please tell us by completing this form.

We take complaints about our services seriously and work to resolve them in confidence. If something goes wrong tell us, we will do our best to listen, investigate, and respond to your complaint in a timely manner.

Date of Complaint	
Name of Complainant:	
Your Address:	
Telephone/ Cell number	
Email:	
Details of the complaint (use another sheet if necessary): What occurred?(Facts only) Location? Who was involved?	
What would you like to happen in order to resolve your complaint?	
Any other comments?	

Complainant's Signature: _____

Send to: execdirector@sowins.com #102-1027 Westminster Ave W Penticton BC V2A 1L4

Fax: 250 493-3158 Attn: Executive Director