SOWINS
South Okanagan Women In Need Society

102-1027 Westminster Ave W
Penticton, BC, V2A 1L4
250-493-4366 | www.sowins.com

COMPLAINT & RESOLUTION FORM

Your name: _____ **Today's Date:** _____

Phone: _____ **Email:** _____

Date, time, and place incident occurred:_____

Staff Member(s) involved:

_____

Witnesses (if applicable):

_____

Account of Event (use attachments if necessary) *Provide a detailed account of the occurrence. Include the names of any additional persons involved and the steps taken to resolve the matter.*

What is your proposed solution?

Please retain a copy of this form for your own records. As the complainant, your signature below indicates that the information you've provided on this form is truthful.

_____	_____	_____
Your Name	**Your Signature**	**Date**

Please submit the completed and signed form to SOWINS Executive Director, Liz Gomes at Liz.G@sowins.com