



Did anyone witness the incident? yes no

If yes:

Name(s) of witness(es):

Description of their respective role in the incident.

9. If applicable, describe any incident that took place previously.

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. Furthermore, I realize that an inquiry will be initiated once this complaint has been filed.



Signature of the Complainant

Date

Please send this complaint to the Executive Director at marg@autismontario.com or mail it to:

Marg Spoelstra
Executive Director
Autism Ontario
1179 King Street West
Suite 004
Toronto, Ontario
M6K 3C5

Approved: December 2016