

# External Complaint Form

We understand that conflict cannot always be solved between two disagreeing parties. Therefore, we have adopted a formal conflict resolution process as follows:

Firstly, the complaint will be determined if it is eligible for review. You will receive a response within *seven days* stating whether or not it is eligible for review and provided with next steps.

If eligible for review, an investigation will commence once it has been reviewed by your appropriate supervisor or management. All concerns are considered sensitive information and kept confidential. All formal complaints will be kept on file along with any accompanying documentation.

Complaints are not to be discussed with your colleagues or other volunteers. Formal complaints must be submitted within *14 days* from the date of the alleged incident(s). Once it is submitted, you will receive a response within seven days.

Individuals seeking resolution are required to describe in writing:

- Names of all parties and witnesses involved, and any attempts made to resolve the issue heretofore. Anonymous complaints will not be reviewed.
- History and details of the circumstances (i.e. dates, location, time, etc.);
- Reasons they think are causing the problem
- How they would like the dispute resolved and their reasoning
- Concerns involving your supervisor should have their written complaint discussed with the appropriate manager or superior, up to and including the Executive Director and Autism Ontario's Board of Directors.



## Contact Information:

Please provide us with information with which we can get back to you regarding your complaint:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

| Please indicate the program/ service with which you have the complaint:

Please state your complaint in the space provided below and include all details (ie. Names, dates, history, location, etc.)

Did anyone witness the incident? (Check one)

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide name(s) of witness(es):

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Witness Information (i.e. Name, role, date, etc)

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.

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(Name of complainant)

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(Signature of the Complainant)

Please send this complaint to the Executive Director at [marg@autismontario.com](mailto:marg@autismontario.com) or mail it to:

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