

Autism Ontario 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:

1. All complaints must be submitted in writing, following the complaint process outlined below.
2. It will be determined if the complaint is eligible for review.
3. You will receive a response within *seven days* stating whether or not it is eligible for review and be provided with next steps.
4. 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.

During this process, complaints are not to be discussed with your colleagues or other volunteers or group members.

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 prior to the written complaint. Anonymous complaints will not be reviewed.
- History and details of the circumstances (i.e., dates, location, time, etc.);
- What they feel is causing the problem
- How they would like the dispute resolved and their reasoning

Concerns involving your supervisor should have the written complaint discussed with the appropriate manager or superior, up to and including the Executive Director and Autism Ontario's Board of Directors.



***PLEASE NOTE:** This chart is intended for **volunteers only**. If you are *Autism Ontario Staff* - Please speak directly with your appropriate supervisor.

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 (i.e., Names, dates, history, location, etc.)

Did anyone witness the incident? (Check one)

YES _____

NO _____

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

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

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.

(Name of Complainant)

(Signature of Complainant)

Please send this form 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, ON M6K 3C5

Should the matter fail to be sufficiently addressed at the Executive Director level, please send this form to Autism Ontario's Board of Directors at complaint@autismontario.com or mail it to:

Autism Ontario Board of Directors
1179 King Street West
Suite 004
Toronto, ON M6K 3C5

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