

## **Autism Ontario Public Complaint Process**

*(Please see the Autism Ontario External Conflict Resolution Policy)*

We understand that conflict cannot always be solved between two disagreeing parties. Therefore, we have adopted a formal conflict resolution process. Please ensure you thoroughly read the External Conflict Resolution Policy.

All complaints must be submitted in writing within *7 days* from the date of the alleged incident(s), following the complaint process outlined in the policy and using this form.

Once your complaint is submitted, you will receive a response within *7 days* stating whether or not it is eligible for review and will be provided with next steps. If eligible for review, an investigation will commence and will be completed within 30 days.

All complaints are considered sensitive information and must be kept confidential. All formal complaints will be kept on file along with any accompanying documentation.

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





## Autism Ontario Public Complaint Form

Your Name:

Your Phone Number:

Your Email Address:

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.)

What is your recommendation to resolve this complaint?

Did anyone witness the incident? (Check one) Yes    No

If yes, please provide name(s) of witness(es) and their contact information:

If applicable, describe any incident that took place previously related to this case:

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)

Or print, complete and mail to:

**Marg Spoelstra, Executive Director of 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 [board@autismontario.com](mailto:board@autismontario.com) or print, complete and mail to:

**Board of Directors of Autism Ontario**

1179 King Street West, Suite 004

Toronto, ON M6K 3C5

*Please note: This form is only to be used to submit complaints regarding Autism Ontario. If your complaint is related to another organization or agency, please communicate directly with the individual/organization in question. If the matter cannot be resolved, consider contacting the governing body or college that the person or organization is affiliated with.*

[www.autismontario.com](http://www.autismontario.com)

Incorporated as Autism Society Ontario  
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