



YOUR HEALTHY CHOICE AMBASSADOR

Anti-Discrimination and Harassment Prevention Policy Complaint Form

This information is being collected to respond to allegations in accordance with the MJKO Discrimination and Harassment Prevention Policy and Procedures. This form allows MJKO to assess your allegations and determine how to best resolve any issues brought to the attention of the Board of Directors.

Complaints under this policy must be filed in writing, within six months of the alleged discrimination or harassment incident.

All complainants, respondents, and witnesses are entitled to have a support person or legal guardian present when discussing allegations or complaints.

1. Collection of Personal Information

The personal information collected on this form will be used to administer your complaint under the MJKO Discrimination and Harassment Prevention Policy and Procedures. It will not be shared with any parties beyond the MJKO Board of Directors, except where required by law.

Last Name:

First Name:

Telephone Number:

Email Address:

2. Respondent Information

Please identify the name of the individual against whom you are making this complaint (the respondent). If you are making a complaint against more than one party, please identify all of the individuals using the spaces below. Please attach a separate sheet if the space provided below is not sufficient.

Individual's First Name	Individual's Last Name (if known)	Name and date of event/activity during which alleged violation occurred

3. Witness Information

Were there any witnesses to the incident? If yes, please complete the section below. Please attach a separate sheet if the space provided below is not sufficient.

Individual's First Name	Individual's Last Name (if known)	Indicate if this individual is an MJKO volunteer (YES or NO)

4. FOR USE OF MJKO Board of Directors ONLY:

Date complaint received by BOD	Date file assigned to lead	Name of lead assigned

5. Particulars of the Complaint

The following details must be included in the written complaint:

- Name(s) of the complainant, respondent and witness (if any)

Mentoring Juniors Kids Organization
811-21 Grand Magazine St. Toronto, ON M5V 1B5
believe@mjko.ca (T) 647 352 3730 (F) 416 923 2221
[facebook.com/mjkoboxing](https://www.facebook.com/mjkoboxing) Twitter MJKOBoxing
www.mjko.ca

Please provide details of the complaint below. If necessary, attach additional pages. Please number each page.

- Date and location of the alleged incident or conduct
- Alleged policy violation including the identification of prohibited ground(s) under the Code, if applicable
- Description of the event or situation giving rise to the complaint

Note: Please review MJKO Discrimination and Harassment Prevention Policy and Procedures prior to completing this form. Please speak with the assigned lead named above for assistance in completing this form, if required.

This section is to be completed once you have provided full details outlining allegations.

To the best of my knowledge, the information I have provided on this form and all attached pages is complete and accurate.

I understand that while my complaint is being reviewed and while a resolution is in process, all information is to be kept confidential, as outlined in the MJKO Discrimination and Harassment Prevention Policy and Procedures, except as required by law.

I also understand that the information I have shared in section 5 of this form, or a summary of the allegations may be shared with the respondent.

I understand that I may request a final copy of any formal investigation report, and that the respondent may do so as well.

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www.mjko.ca

Name (please print)

Signature

Date