



YOUR HEALTHY CHOICE AMBASSADOR

External Complaint Policy Form

This information is being collected to respond to allegations in accordance with the MJKO External Complaints Policy. 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 concern, event or 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 of Complainant [Person making the complaint]

The personal information collected on this form will be used to administer your complaint under the MJKO External Complaints Policy. It will not be shared with any parties beyond MJKO's Executive Director and the 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, situation or event against whom you are making this complaint (the respondent). If you are making a complaint against more than one individual or situation, please identify all of the individuals and situations using the spaces below. Please attach a separate sheet if the space provided below is not sufficient.

Type of Complaint (Individual, Organization, Group or Other)	Complaint	Name and date of event, activity, policy, or procedure during which alleged situation or concern 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 (if applicable) and witness (if any)
- Date, time and location of the alleged incident, policy, procedure, 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 External Complaints Policy prior to completing this form.



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

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

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 External Complaints Policy, 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 [The accused person].

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

Name (please print)

Signature

Date