

Complaint Report Form

A: COMPLAINANT INFORMATION			
Last Name:		First Name:	Phone No:
Address:		City/Town:	Province: ON Postal Code:
B: DATE OF COMPLAINT			
D/M/Y of Complaint:		D/M/Y Reported & To Whom: Click here to enter a date.	
C: DESCRIPTION(The Complaint)			
D: PERSONNEL INVOLVED / WITNESSES WITH RELEVANT INFORMATION			
E: DESCRIBE ACTION TAKEN (Telephone Discussions and/or meetings)			
F: WHAT OUTCOME COMPLAINANT WANTS/ CORRECTIVE ACTION			
G: FINAL DISPOSITION			

COMPLAINANT /DATE SUBMITTED

ATC PRESIDENT/ DATE RECEIVED

- Copies of any relevant support documentation and a list of supporting documents that can't be provided at the time of the report attached if applicable