

Complaint Form

To address your concerns, please complete this form and provide the original copy to the Society of Hope. Please do so by returning it to Mailbox "C" on your property, or by mailing/dropping it off at 101-2055 Benvoulin Ct. Kelowna, BC V1W 2C7

In order to act on this information, the form must be completed in full.

Anonymous Complaints will not be accepted, details of this complaint, including names and unit numbers will be used as evidence should this matter proceed to Dispute Resolution under the Residential Tenancy Act, a court action, or a police investigation.

By checking this box you are acknowledging that the information in this form may be used in an Arbitration as evidence if required. **Please note that we cannot action any complaints that have not consented to the above clause. We must be able to use these complaints as evidence as needed in Arbitration.**

Your Name	Date of Complaint	Time of Complaint
Your Address	Telephone #	Other contact # or email
<p>Describe the incident. Please be as specific as possible describing your complaint, dates, times/duration, & intensity; include the name, unit # of the other tenant(s) . Please attach any supporting documentation. *Please state only the facts, <u>not</u> your assumptions, opinions, and/or judgments. Use the other side of this form if needed.</p>		
Were there any witnesses? If yes, who?		
Police Report Filed Yes <input type="checkbox"/> No <input type="checkbox"/> Police File #		
How did you handle the situation? Did you talk to the person involved? If so, what was their response?		

Signature

Date