



SHAMROCK CO-OPERATIVE HOMES INC.

COMPLAINT FORM

Members are requested to use this form as a means of drawing the attention of the Grievance Committee to the violation of a By-Law or Policy of the Co-operative by another member.

Only written complaints will be considered. Any complaint that is unrelated to such violation will be taken to be outside the purview of the Co-operative and will not be considered by the committee. Frivolous complaints or complaints with a mischievous or malicious intent may be treated themselves as a violations of the grievance policy.

Name(s) of Complainant: _____ Unit: _____

Email Address: _____ Phone Number: _____

Date of Incident: _____ Time of Incident: _____

By-Law # _____ By-Law Article # _____ Paragraph # _____
(Please refer to your Member Handbook):

Person or Persons Complained about:

Describe the Incident:

Have you attempted to resolve the dispute by approaching the violator(s):

If Not, Why Not?



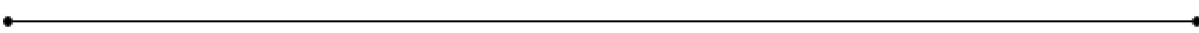
Please provide/include any proof of the violation. _____

STATEMENT OF MEMBER SUBMITTING THE GRIEVANCE:

I have read the Co-op's Grievance Policy and believe that my complaint is the legitimate business of the Co-op. I state that all information that I have provided is truthful and I am willing to testify to these facts if called upon to do so.

Complainant's Signature: _____

Date: _____



FOR OFFICE USE ONLY.

Received by: _____ Date: _____

Action taken: _____

