

Wellington Square Co-operative Homes Inc

Co-operatively owned and operated by the members who live here

Complaints Policy Form

Date:

Policy Number of Infraction | Bylaw Number of Infraction:

Complainant's Name and Unit #:

Name of, and Unit number of infraction:

Date/s of infraction:

Have you discussed this matter with the member? Yes | No

If yes, on what date:.....

If no, please explain why:.....

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Comments:.....

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Office Use only

Date received by the office:

First offence Date:..... Second Offence Date:.....

Comments:.....

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