

**BLACK LEGAL ACTION CENTRE**

**Complaint Form**

**CONFIDENTIAL**

**Instructions:**

Please provide all the information requested. Be as specific as possible when describing the incident(s) you experienced.

Your complaint is not limited to the space provided. You are encouraged to attach any additional pages and materials that may assist in the resolution of your complaint.

Once completed please email completed complaint form and additional materials to [info@blac.clcj.ca](mailto:info@blac.clcj.ca)

***Please be assured that the information you provide will be treated as confidential and will be shared only with Board of Directors and persons who are involved in the complaint resolution process.***

FOR COMPLAINANT, PLEASE PRINT CLEARLY

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Complainant Name:

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Address:

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Telephone:

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E-mail Address (Optional):

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**Describe the incident(s) you believe to be violations of BLAC policies on Discrimination, Harassment and Violence. Outline the nature of your complaint.**

What happened?

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Where did this happen (Locations)?

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When did this happen (Dates and approximate Times)?

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Names of person(s) involved and possible witnesses (their involvement or what you believe they may know)

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If you were able to address the offending conduct, what action(s) did you take?

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Desired Outcome?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_