**Youth Mental Health March Canada**



info@ymhmcanada.ca

Socials: @ymhmcanada

[www.ymhmcanada.ca](http://www.ymhmcanada.ca)

**Violations and Complaint Form**

This form is updated for 2022/2023. This form is to be complete by the Complainant and to be given back to the YMHM Canada as soon as possible in order to ensure fast, accurate, and transparent review of the complaint and/or policy violation. For more information on how to file a complaint, and the process after, please see our Violations and Complaint Policy.

If a section is not applicable to your complaint, please mark the circle at the top of that section. Do not complete the ID section below but only the date.

|  |  |
| --- | --- |
| ID: |  |
| Date:  |  |

**SECTION I: COMPLAINANT INFORMATION**

|  |  |
| --- | --- |
| First name |  |
| Surname  |  |
| Phone number |  |
| Email  |  |
| Other method of contact  |  |

* I would like my name released instead of kept confidential
* I do not want to provide my name and contact but want to submit anonymously

**SECTION II: COMPLAINT ABOUT A YMHM CANADA MEMBER**

* Section not applicable

|  |  |
| --- | --- |
| Violators name |  |
| Violators position  |  |
| Date of incident  |  |

|  |  |
| --- | --- |
| Incident/Complaint Information  |   |

**SECTION III: COMPLAINT ABOUT THE YMHM CANADA**

* Section not applicable

|  |  |
| --- | --- |
| *Violators name* | YMHM Canada |
| *Violators position*  | N/A |
| *Date of incident*  |  |

|  |  |
| --- | --- |
| *Incident/Complaint Information*  |  |

**SECTION IV: COMPLAINT ABOUT A POLICY VIOLATION**

* Section not applicable

|  |  |
| --- | --- |
| Violators name |  |
| Violators position  |  |
| Date of incident  |  |
| Policy(s) violated |  |

|  |  |
| --- | --- |
| Incident/Complaint Information  |  |

**SECTION V: OTHER INFORMATION**

Please list out any other information you would like us to know about your complaint below. If there is a section above for something that you wish to write here, please use that.

|  |
| --- |
|  |

Thank you for completing this form and alerting us about your concern, a policy violation, or any misconduct. We thank you for wanting to bring this to our attention and work to resolve the issue(s) that have been listed above to ensure that the values of the YMHM Canada and all of our policies and procedures are followed.

Please note that you will not be told the final outcome of your complaint and the actions that we take to resolve your concern, however, we can assure you that it will be dealt with in a fast and appropriate manner. For more information, see our website or view our Violations and Complaint Policy.

**-----------------------------------FOR YMHM CANADA USE ONLY-----------------------------------**

|  |  |
| --- | --- |
| ID |  |
| Date |  |
| Received date |  |
| Review started date |  |
| Decision date  |  |
| Violator contacted about decision date |  |

|  |  |
| --- | --- |
| Type of complaint brought forward |  |

Please check all that apply:

* A high-profile claim and police investigation will be launched
* A follow-up was done with the Complainant to get more information
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| What was found |  |
| YMHM Canada Actions  |  |
| Actions done in accordance with (policy) |  |
| Signature of YMHM Canada | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_President  |
| Signature of YMHM Canada | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chief Human Resource Officer |