



The purpose of this form is for investigating and responding to a complaint. Any information provided will be used by the Patcha Foundation solely for that purpose. Disclosure to relevant organizations may be necessary during an appeals process. Please provide sufficient information so that we may be able to effectively address the complaint and provide feedback.

CASEC Activity Complaint Form

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|---|------------|
| NAME: | DATE: |
| ADDRESS: | PHONE: |
| EMAIL: | ALT PHONE: |
| ARE YOU THE PARTICIPANT: | |
| AGE GROUP: (Below 10) (10-20) (20-30) (30-40) (40-0) (50-60) (Over 60) | |
| DATE AND TIME OF INCIDENT: | |
| LOCATION OF INCIDENT: | |
| CASEC ACTIVITY INVOLVED: | |
| IF YOU ARE REPRESENTING A CASEC ACTIVITY PARTICIPANT PROVIDE PARTICIPANT INFORMATION: | |
| NAME OF PARTICIPANT: | PHONE: |
| ADDRESS: | ALT PHONE: |
| EMAIL: | |
| SUMMARY OF COMPLAINT: (use the back of this form if necessary) | |
| SUGGESTED OUTCOME: (use the back of this form if necessary) | |
| SIGNATURE: | DATE: |