



HARRIS ROAD CO-OP COMPLAINT FORM

When there are problems or disagreements, members need to take the initiative to resolve them before expecting the Co-op to get involved. Please consult the Co-op's policies, rules, and occupancy agreement before you fill out this complaint form.

Before your complaint will be considered by the BoD you must fill in each of the sections below, otherwise it may be considered by the BoD to be invalid. For a complaint to be acted upon by the BoD, the behaviour being complained about must violate the Co-op policies, rules, or occupancy agreement. If your concern does not violate any of these, please note this will be considered a "concern" instead of a "complaint", and no action can be taken by the BoD, other than to keep the information on file.

I _____ at Unit # _____ of the Harris Road Co-op , have a
(name)

complaint about another member/ unit/ committee/ board member: _____

(unit number, name of committee, or name of member/resident/BoD member)

My complaint is: _____

The complaint I have is a violation of:

the _____ policy (of the Co-op's policies), **AND/OR**

rule _____ (of the rules as registered with CHF BC), **AND/OR**

or section _____ of the occupancy agreement

I believe that the behaviour I am complaining about breaks the above because: _____



Harris Road Housing Co-Operative
19225 119 Avenue, Pitt Meadows, BC V3Y 2B2
Phone: 604-465-1938

I have tried to resolve this problem myself by: _____

Please describe what your needs are in resolving this complaint: _____

I understand that the information in this Complaint Form is being collected for the purpose of an investigation and possible action by the Co-op. I consent to this collection and use. I also understand that the substantive content of this complaint may be shared with the person/people involved in the incident, staff of the Co-op, and the Board of Directors, but that the subject of my complaint will not be informed of who has submitted the complaint.

I am willing to participate in mediation if the board feels this is appropriate

I am not willing to participate in mediation if the board feels this is appropriate

Finally, you must sign this form, confirming that the information submitted is accurate to the best of your knowledge, and that you have thoroughly reviewed the Co-op's policies, particularly the Complaints & Punitive Measures policy.

Signature _____

Date _____

Please submit your completed form to the Property Management Company at Harrisroad@newlifemgt.com and it will be forwarded appropriately. You can choose to copy the BoD Secretary at secretary-HRHC@Outlook.com