



Telephone: (416) 756-7227 Email: ESL@canadaacumen.ca

[illegible]



ACE ACUMEN ACADEMY

ACE Acumen Academy

Telephone: (416) 756-7227 Email: ESL@canadaacumen.ca

FORMAL CONDUCT COMPLAINT

PAGE TWO (INFORMATION NOT DISCLOSED IN MOST CASES)

Complainant Information:

Name: _____ Student Number (if applicable): _____

Address: _____

Telephone: (business) _____ (residence) _____

Email: _____

Department & Location: _____

What do you require to resolve this complaint?

Witnesses to the events of this complaint:

Please identify, in order of importance, anyone that you feel would provide helpful information to assist the investigation of this complaint

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

This document and any attachments to it that you provide while filing a complaint will be held in confidence by Ace Acumen Academy. Page one of this complaint form and its attachments will be disclosed to the respondent named in the complaint and to the investigator, adjudicators, mediators and/or the local Police appointed to assist with the resolution of this complaint, as outlined in the policy procedures.

Privileged information, such as the complainant's requirements to resolve the complaint and list of witnesses, provided on page two of this complaint form will not be disclosed to the respondent. Information gathered under this policy may be required to be disclosed under the **Ontario Human Rights Code or other legal proceedings.**

Your signature confirms that you have been made aware of and give permission for the above use of this information.

I hereby declare that the information on this form is true, correct and complete to be best of my knowledge. I understand that any misrepresentation of information may result in disciplinary action.

SIGNATURE: _____

(Complainant)

(Date)

OFFICE USE ONLY

Received by: _____

Copies to: _____

Date: _____



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7.1.7.2 Formal Conduct Complaint Response Form

Respondent's Response Form

PAGE ONE – INFORMATION NOT DISCLOSED TO THE COMPLAINANT

Name:		Student Number (if applicable):	
Address: Street:			
Province/Postal Code:		Email:	
Telephone: (business)		Telephone: (residence)	
Position held/work location:			
Witnesses to the events of this complaint: Please identify, in order of importance, anyone that you feel would provide helpful information to assist the investigation of this complaint			
Name:		Telephone: _____	
Name:		Telephone: _____	
Name:		Telephone: _____	
Name:		Telephone: _____	
Signature: _____		Date: _____	

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Questionnaire received by:

Date:

PLEASE DATE STAMP UPON RECEIPT

Respondent's Response Form

PAGE TWO – INFORMATION DISCLOSED TO COMPLAINANT IN MOST CASES

Respondent's Name: _____

Position/Location: _____

RESPONSE TO ALLEGATIONS

With reference to the enclosed complaint, provide a detailed response to the allegations. In responding please refer and respond to each allegation separately. The information that you provide should be as specific as possible with respect to dates, times, places, documents and persons involved.

(You may attach additional pages if there is not enough room on this form.)

Please describe any actions that you have taken to try to resolve this matter:

Provide copies of any documentation, which may be relevant to the issues of this case as referred to in the complaint or in your response. Please list the documents provided with comments where applicable.

This document and any attachments to it that you provide in the course of responding to this complaint will be held in confidence by Ace Acumen Academy. Page 2 of this form and its attachments will be disclosed to the complainant and to Ace Acumen Academy, adjudicators and mediators appointed to assist with the resolution of this complain as outlined in the policy procedures. Privileged information, such as the list of *witnesses*, provided on page 1 of this form will not be disclosed to the complainant. Your signature confirms that you have been made aware of and give permission for the above use of this information.



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Signature: _____ Date: _____

Information gathered under this policy may be required to be disclosed under the Ontario Human Rights Code or other legal proceedings.

NOTIFICATION

Date Complainant and Respondent(s) notified of Complaint Disposition: _____



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