

**CATHOLIC INDEPENDENT SCHOOLS OF**  
**BRITISH COMLUMBIA**  
**COMPLAINT FORM**

(Form for person seeking ombudsperson services)  
Please complete digitally

**Send the completed form to the Ombudsperson.**

|                  |  |
|------------------|--|
| Name:            |  |
| Street Address:  |  |
| City & Province: |  |
| Postal Code:     |  |
| Home Phone:      |  |
| Cell Phone:      |  |
| Email:           |  |

What is the best time for the Ombudsperson to contact you?

How did you hear about the Ombudsperson for independent schools?

1. Give the name of the School Authority (i.e., CISVA, CISDV, CISPG, CISKD, CISND) and the name and address of the School involved in the complaint.
2. Please list the individuals who were involved in the decision that is being appealed. Give any job titles, phone numbers or email addresses that you have for them.
3. State your complaint. State what you have done to try to solve the problem at the School and Authority levels. Please include relevant dates.
4. List any other outstanding reviews that are underway by non-Authority parties (e.g., TRB, HRT, Privacy Commissioner, etc.)

5. Did you follow the Authority's Appeal Processes (at the School and Authority levels)?  
Please cite the local policy or policies that guided you in these appeal processes.  
Yes  No

Local Policy: \_\_\_\_\_

**NOTE:** If **Yes**,

When was the School Appeal? \_\_\_\_\_

When was the Authority's Appeal? \_\_\_\_\_

What were the results? \_\_\_\_\_

**NOTE:** If **No**, the Ombudsperson will only consider a complaint if the Authority's Appeal Process has been completed.

6. Why do you believe the actions of the School and/or School Authority are unfair?

7. What do you want to happen? Describe the result or outcome you wish to occur.

8. If you consider the matter urgent, please explain why.

**Your signature:** \_\_\_\_\_

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

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*As a matter of procedural fairness, a copy of this complaint form will be given to the Authority about whom the complaint is made.*