



FVAMC

Farmington Valley
American Muslim Center

35 Harris Road, Avon, CT 06001 | Web: <http://www.fvamc.org> | E-mail: info@fvamc.org | 501 C (3) Tax Exempt # 46-1780347

FVAMC Community Complaint Form

Complaints may be made to FVAMC in accordance with our Anti-Harassment and Anti-Discrimination Policy. The purpose of this form is to document the necessary information for your complaint to be processed as expeditiously and effectively as possible. Complete all relevant sections as appropriate to enable the Grievance and Complaints Committee to process your complaint appropriately.

Contact Information. We will use these contact details to contact you about the process of the complaint and its resolution. Your contact information will not be stored or used for any other purpose.

Name: _____

Email Address: _____

Telephone: _____

1. I wish to make a complaint concerning:

- The application of FVAMC procedures or a decision made by FVAMC
 One or more members of FVAMC community, staff, trustees or other volunteers serving FVAMC
 Other (Please specify):

2. Identify the Procedure, and or the Individual(s) name(s) for which this complaint is regarding.

3. Describe the issue, or event you wish to complain about. Provide what the issue or occurrence is, when it happened, where it happened, and who was involved.

4. Tell us why you think these events were wrong.

5. How do these events relate to FVAMC?

6. Were there any witnesses to the events? If you know the names of witnesses, please provide.

7. Have you taken any action to try to resolve your concerns before making a formal complaint?

8. Have you reported this matter to anyone else? If so, please state to whom it has been reported.

9. Is there any other information you want to tell us? You may also attach supporting documentation to your complaint.

10. While we will make every effort to maintain reasonable privacy about your complaint, we may need to make the details of the complaint known to the subject of the complaint. If you do not agree to this, it may not be possible for us to investigate and resolve your complaint.

I give permission for the details of this complaint and the supporting documentation to be provided to the person complained about should it be necessary to do so.

I do not give permission for the details of this complaint and the supporting documentation to be provided to the person complained about should it be necessary to do so.

Print Name

Signature

Date

This form should be emailed to the FVAMC Grievance and Complaint Committee at info@fvamc.net with the subject 'Formal Complaint.'