

Not including yourself, please list Additional Witnesses to the Incident [If more space required, please include on the back of this form]:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Witness Name:

Address:

Postal Code:

Telephone (home):

(work):

(fax):

Email address:

Please note that, in accordance with the MHDL Policy for Complaint Notification (Operating Procedure 5.2), any incident MUST BE REPORTED, IN WRITING, WITHIN FOURTEEN (14) DAYS of its occurrence. Under no circumstances shall any verbal complaints be accepted at anytime nor written complaints accepted after the fourteen (14) day expiration date.

By signing and submitting this complaint, I acknowledge that the decision of the MHDL Executive shall be **FINAL AND BINDING**; and that no action or proceeding whatsoever shall be commenced against any member of the MHDL Executive for their having participated in any part of these Complaint Reviews.

By submitting this application, I acknowledge that I may be called as a witness at a Complaint and/or Disciplinary Meeting held to adjudicate this matter.

SIGNATURE OF COMPLAINANT(S): _____

DATE: _____

Please send this completed and signed application form to any current member of the MHDL Executive.