



## COMPLAINT OR DISAGREEMENT APPLICATION FORM

Parent Name \_\_\_\_\_

Members Name \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Witnessed by \_\_\_\_\_

What is the basis for the complaint or disagreement?

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Which person or department is complaint or disagreement directed at?

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Do you request that the matter be dealt with by the Board of Directors

Circle YES or NO

Do you agree that if this matter is not resolved to the satisfaction of both parties that it will be referred to our legal advisors and that costs may be incurred?

Circle YES or NO

We the undersigned agree to follow the rules and terms of the MWGC Complaint management procedures.

LODGED BY \_\_\_\_\_ Signature \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ Signature \_\_\_\_\_