



210 North 7th Street, Canton, MO 63435

Canton Community Center Inc. COMPLAINT Form

573-288-0550

www.cantoncommunitycenter.com



www.facebook.com/cantonmocommunitycenter

Last Name		First Name		MI
Street Address		City	State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)		

Please state the Complaint, be specific, use names, dates, times, if any witnesses please include additional statements

Expected Outcome

Agreement

The Canton Community Center is a building designed to provide facilities for educational and exercise classes, meetings, and social events, however as with any function where there is people and brick & mortar buildings, there is a chance that a complaint may arise. We at the Canton Community Center take all complaints seriously. Due to this we have created this complaint process. If a complaint arises complete this form. Please fill out as much information as possible and in great detail. Once completed turn into the Director and the Center will take appropriate measures. If the complaint is about the Director than forms may be returned to any Board of Directors in person or via E-Mail to the Board of Directors email, cantoncommunitycenter@gmail.com. All Complaints regardless of severity will be reviewed by the Board of Directors at each meeting, as time allows, in which time policy and procedures may change, and/or action taken against an individual or group, or a solution to the problem as requires. If a complaint is about the Board of Directors decision, any individual or group may request to be heard a the next board meeting. A request for a third party mediator may be requested a the cost to the individual requesting the third party, all requests must be done via e-mail to the email on this complaint form. All Complaints must be filed within 15 days of incident.

Signature (s)

I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Complaint Form has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
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To be filled out by Director or Board of Directors **Resolution of issue be specific**

Refund Amount	Method of Refund	Issuer of Refund Last Name	Issuer of Refund First Name	Authorized by and Position
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