

Code of Conduct Complaint Form

Note:

1. This form is for complaints against students under the Student Code of Conduct or the Residence Life Code of Conduct
For complaints against faculty or staff, please contact the complainant within 10 calendar days of the complaint
2. Complaints must be submitted within 30 days of the incident
3. Anonymous complaints will not be processed.
4. Complaints must be submitted in writing
5. Complaints must be submitted to the Student Life Office
6. Complaints must be submitted to the Student Life Office
7. It is an offence under the Student Code of Conduct to make a false complaint
8. Complaints must normally be submitted within 30 days of the incident
9. Anonymous complaints will not be processed.

Instructions:

1. Use the fields in this form to provide as much detail about the nature of the complaint.
2. Sign and date the form (Page 3)
3. Send the form as an email attachment to studentlife@mta.ca or drop it off at the Student Life Office (2F, Wallace McCain Student Centre)

A. Complainant Information

The person making the complaint (generally the person directly affected by the situation). For additional complainants, please use Section D (Misc. Additional Information)

| | |
|-------------------------|-------------------|
| Complainant (Full Name) | |
| Email | Contact Telephone |

I am the person directly affected by the situation.

I am submitting the complaint on behalf of the person/people directly affected by the situation.

The same person/people are aware that I am submitting this complaint on their behalf .

B. Respondent Information

The person/people whose conduct is the subject of the complaint (referred to as the "Respondent"). Use reverse for more space / additional respondent .

| | |
|---------------------------|---------------------------------------|
| Respondent #1 (Full Name) | Date of Incident / Event (YYYY/MM/DD) |
| Nature of the Complaint | |

Code of Conduct Complaint Form

| | |
|---------------------------|---------------------------------------|
| Respondent #2 (Full Name) | Date of Incident / Event (YYYY/MM/DD) |
| Nature of the Complaint | |

C. Witnesses

Names of other people who were present/involved and may be able to provide more information about the substance of the complaint.

| | |
|------------|-------------------------|
| Witness #1 | MTA Student YES ' NO |
| Email | Contact Telephone |

| | |
|------------|-------------------------|
| Witness #2 | MTA Student YES ' NO |
| Email | Contact Telephone |

| | |
|------------|-------------------------|
| Witness #3 | MTA Student YES ' NO |
| Email | Contact Telephone |

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|------------|-------------------------|
| Witness #4 | MTA Student YES ' NO |
| Email | Contact Telephone |

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