**THE NON-PROFIT ORGANISATIONS ACT (2020 Revision)**

**COMPLAINTS FORM**

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| --- | --- |
| Name of Non-Profit Organization | Click here to enter text. |
| Registration Number (if any): | Click here to enter text. |
| Date Complaint Filed: | Click here to enter text. |
| **Contact Information of Non-Profit Organization** |
| Email: | Click here to enter text. |
| Telephone: Cell | Click here to enter text. | Telephone: Other | Click here to enter text. |
| **Address of Non-Profit Organization** |
| Street Address – Line 1 | Click here to enter text. |
| Street Address – Line 2 | Click here to enter text. |
| P.O. Box # | Click here to enter text. |
| Postal Code | Click here to enter text. |
| **Details of Violation** |
| Name(s) of Person(s) Involved | Click here to enter text. |
| Position(s) in NPO of Person(s) | Click here to enter text. |
| Date(s) of Violation | Click here to enter text. |
| Description of Illicit Activities | Click here to enter text. |
|  |
| **Complainant Information** |
| Name | Click here to enter text.  |
| Address | Click here to enter text. |
| Email | Click here to enter text. | Telephone | Click here to enter text. |