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

**COMPLAINTS FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| 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. |