

Little People of America Member Complaint Form

This form can be used when a member would like to file a complaint for review by the District Director or Board of Directors.

Complainant name _____

Chapter _____ **District** _____

E-mail Address _____

Home Phone _____ **Cell Phone** _____

COMPLAINT: In the space provided, please describe your complaint in detail, including your response to the following five points. Attach additional sheets if needed.

1. Act or situation to be reviewed.
2. Date or dates of each act.
3. LPA policy or procedure violated (if any, if known).
4. How did the person's act violate policy or procedure?
5. How were you adversely affected?

RESOLUTION REQUESTED:

Complainant signature _____ Date: _____

LPA Officer Signature _____ Date _____