Complaint Form

Association of Architectural Technologists of Ontario Act, 1996

To: The Registrar

Complainant's Name:
Address:
City and Postal Code:
Home Tel:
Business Tel:
Fax:
E-mail:

Member's Name:
Member's Company Name:
Date of Incident:

What is your relationship with the member:
Does the complaint involve a matter currently before a court:
If Yes, what is the status:

Details of the Complaint:
Please attach additional pages as required and all supporting documents.
Complainant's Signature:
Date:

AATO USE ONLY	
File #:	Date Filed:
Membership #:	Stamp: Yes No
Type of Membership:	Date Member Notified: