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EOCP Complaint Intake Form – Board Director

1	Date:
2	Your contact information Name: Address: Phone: Email:
3	Name of EOCP Board Director you are submitting a complaint about:
4	Are you an EOCP certified Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Which of the aspects outlined in the Oath of Office for EOCP Directors is/are being violated?

6

Please provide details on your concern/s including where and when the problem occurred, the circumstances, and the names of those involved. You may also submit your response as an attachment, if you prefer, along with supporting materials and documents:

Please send the completed form to:

[Ombudsperson Committee](#)

Environmental Operators Certification Program

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