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## ABC Housing Co-operative

# Member Complaint Form

When there are problems or disagreements, members need to take the initiative to resolve them before expecting the co-op to get involved. For a complaint to be considered by the co-op, the behaviour being complained about must violate the Rules, the Occupancy Agreement or the policies of the co-op.

Please consult the co-op's Rules, Occupancy Agreement and policies before you fill out this complaint form.

1. I have a complaint about another ☒ **Member** / ☒ **Unit** / ☐ **Committee** / ☐ **Board**

My complaint is:

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Regarding loud music and yelling after 11 pm. Unfortunately, it has been a while since my neighbour's

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adult son is being very loud during the night while playing games online. He has been yelling and using

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foul language and playing loud music while playing. This mostly occurs between 11 pm and 3 am

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2. The complaint I have demonstrates a violation of **Rule #**\_\_\_\_, **section**\_\_\_\_ /  
**Occupancy Agreement # 7.02**, **section** a and b / **policy** \_\_\_\_\_.

I believe that the behaviour I am complaining about breaks the above because:

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It disturbs the quiet and peaceful enjoyment of my unit and my ability to sleep during the night without

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waking up from the noise, as we share our bedroom wall with his bedroom.

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3. I have tried to resolve this problem myself by:

I talked with his mom, who is a member of the unit, but this led nowhere, as it stopped for a couple of

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nights and then resumed. Usually, when she is away, there is no one to talk to. I do send her text

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messages, but those are sent after the fact, as I think it is rude to send it in the middle of the night.

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4. Please describe what your needs are in resolving this complaint:

I need to be able to sleep at night as I wake up early every day to go to work. I know I cannot ask for

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the member to change rooms between her children, but she needs to be able to control this situation.

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Before your complaint can be considered by the co-op, you must fill in each of the sections above.  
Finally, you must sign this form.

I understand that the information in this Complaint Form is being collected for the purpose of an investigation and possible action by the co-op. I consent to this collection and use. I also understand that this information may be shared with the person/people involved in the incident, staff of the co-op, the Board of Directors.

☒ I am willing ☐ I am not willing to participate in mediation if the board feels this is appropriate.

Chelsea Birch

May 20, 2025

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Signature

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Date

21-1234 Main Street, Vancouver

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Unit number/ Address