

## **L.O.S.A.P. – Tax Modification – Point System Complaint Resolution Procedure**

All complaints or issues should be reduced to written form dated and signed. A form has been developed for this purpose but any documentary item will suffice.

The intent of this procedure is to resolve all issues at the lowest possible level.

Any participant in the L.O.S.A.P., Tax modification or Point Systems shall be free to raise any issue or complaint without fear of recrimination or discrimination. All issues shall be raised within the Calendar year that the incident(s) or issues occur  
All questions/issues should first be directed to the L.O.S.A.P. Coordinator of the company.

### **If resolution is not possible**

The Coordinator should forward the issue to the L.O.S.A.P. committee of the Washington County Volunteer Fire and Rescue Association.

Upon receipt the Committee will address the issue if possible and inform the coordinator of the course of action if any. The committee may wish to interview some or all of the parties involved to assist in resolution of an issue but will strive to resolve the issue in a fair and non-discriminative manner. In Addition, the committee will report the receipt of and the results to the Association President.

### **If resolution is not possible**

The issue shall be forwarded to the WCVFRA President for resolution.

All unsolicited (3<sup>rd</sup> party) or anonymous complaints received by a Coordinator, or the L.O.S.A.P Committee shall be forwarded to the Association President for an evaluation and determination of the course of action.

All Issues/complaints shall be resolved or forwarded to the L.O.S.A.P. Committee within 30 days from date of receipt by the Coordinator. The Committee shall have 30 days to either resolve the issue or forward to the President upon their receipt.

The initiator of the complaint/issue shall be informed of the process in writing by receiving a copy of the form as it is completed , as the issue moves along to each level.

**L.O.S.A.P. – Tax Modification – Point System  
Complaint Resolution Form**

**Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
\_\_\_\_\_

**Describe the Problem:**

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\_\_\_\_\_  
Signature

Losap Coordinator/Alternate: \_\_\_\_\_ Date Received \_\_\_\_\_

**Resolution:** \_\_\_\_\_  
\_\_\_\_\_

**OR Date Forwarded to L.O.S.A.P. Committee:** \_\_\_\_\_

By: \_\_\_\_\_ L.O.S.A.P. Coordinator/Alternate

**Committee Resolution:** \_\_\_\_\_  
\_\_\_\_\_

**OR Date Forwarded to Association President:** \_\_\_\_\_

By: \_\_\_\_\_ L.O.S.A.P. Committee

A copy of this form shall be given to the member upon resolution or forwarding to the next level. A copy shall be given to the L.O.S.A.P. Committee upon local resolution.