

Smiths Falls Minor Hockey Association Complaint Form

Please note the following:

- Substantiated allegations of harassment, abuse or bullying will be considered for sanctions ranging in severity.
- The SFMHA cannot guarantee complete confidentiality. The contents of this document may be shared in an effort to

		ing the form, you	•	nay share some or all of this information			
•	Complaints will be addressed in accordance with the Code of Conduct.						
•	Email completed form to safety@sf	mha.ca					
Ple	ase complete the following:						
1.	Person making the complaint: □ Player □ Parent □ Volunteer □ Official						
Fir	st Name		Last Name				
Ad	dress						
Cit	y/Town	Province		Postal Code			
Te	lephone Number	Fax Number		Email			
2.	Person on whose behalf the com	plaint is made:	(to be completed if different	ent from above)			
Fir	st Name		Last Name				
Bir	th Date (day / month / year)		- L				
3.	Name of person(s) against whom	you are compla	aining:				
First Name			Last Name				
Title/Role			Name of Association				
First Name			Last Name				
Title/Role			Name of Association				
			1				
4.	When did the incident(s) occur?	(date):					



Day/Month/Year

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5. Particulars: Provide a summary of the incidents you are complaining about. Your summary must answer the questions below. You may attach any additional documents as necessary.

1.	Date incident(s) happened
2.	Where did the incident(s) happen?
3.	Who was involved (Name and title/role)?
4.	What happened?
5.	How were you treated differently from others (if at all)?
6.	How do the incident(s) relate to the ground(s) you selected?
7.	Remedy/Resolutions you are seeking

Signature of Complainant



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(6. Continued)	