



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 resolve this complaint. By completing the form, you agree that the SFMHA may share some or all of this information in the process of resolving the complaint.
- Complaints will be addressed in accordance with the Code of Conduct.
- Email completed form to safety@sfmha.ca

Please complete the following:

1. **Person making the complaint:** Player Parent Volunteer Official

First Name		Last Name	
Address			
City/Town	Province	Postal Code	
Telephone Number	Fax Number	Email	

2. **Person on whose behalf the complaint is made:** (to be completed if different from above)

First Name		Last Name	
Birth Date (day / month / year)			

3. **Name of person(s) against whom you are complaining:**

First Name		Last Name	
Title/Role		Name of Association	
First Name		Last Name	
Title/Role		Name of Association	

4. **When did the incident(s) occur? (date):** _____

