Shelburne County Minor Hockey Association Complaint Form

Please note the following:

- Complaints of harassment, abuse or bullying will not qualify a player for an automatic release.
- Please review the code of conduct. Only substantiated allegations of harassment, abuse or bullying will be considered for sanctions ranging in severity.
- The SCMHA 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 SCMHA may share some or all of this information for the process of resolving the complaint.
- Complaints will be addressed in accordance with the Code of Conduct Policies and Procedures. Email completed form to <u>shelburneflames@gmail.com</u>
- This form is not to be used for complaints about the evaluation process, or other competitive matters.

Please complete the following

1. The person making the complaint: ____ Player ____ Parent ___Official ____Volunteer

FIRST NAME		LAST NAME	
ADDRESS			
CITY/TOWN	PROVINCE		POSTAL CODE
TELEPHONE NUMBER	CELL NUMBER		EMAIL

2. Person on whose behalf the complaint is made (if different than above)

FIRST NAME	LAST NAME
DATE OF BIRTH	

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

FIRST NAME	LAST NAME		
TITLE/ROLE	NAME OF ASSOCIAITON		
FIRST NAME	LAST NAME		
TITLE/ROLE	NAME OF ASSOCIAITON		
4. When did this incident(s) occur? (Da	4. When did this incident(s) occur? (Date)		

A) Harassment

Type of behavior:		
CONDUCT	GESTURES	COMMENTS
Based on:		I
RACE	ETHNICITY	COLOR
RELIGION	AGE	SECUAL ORIENTATION
GENDER	MARITAL STATUS	FAMILY STATUS
OTHER:		I

B) Abuse

Туре	of	behavior:	

PHYSICAL	EMOTIONAL	SEXUAL	NEGLECT

Please note: If this matter has been reported to the Police or Child Protective Authorities, the SCMHA may through its fact finding process determine that a suspension of the alleged offender is warranted, until such time as the Police and/or Authorities have concluded their investigation, after which a final determination will be made.

C) Bullying

Type of behavior:				
PHYSICAL	VERBAL	RELATIONAL	REACTIVE	

D) Misconduct

Provide a summary of the incidents you are complaining about. Your summary must answer the following below questions and be no longer than 2 pages in length. You may attach any additional documents as necessary. In this section, we are trying to understand context and your perception of the incident as it happened. Tell your story and stick to the facts.

- 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. Remedy/Resolutions you are seeking