

100 Mile House Minor Hockey Association (OMHMHA) Complaint Intake Form

All complaints must be submitted using this **Complaint Intake Form** prior to review.

1. The person submitting the complaint.

Please identify if you are a:

- Player
- Parent
- Volunteer
- Official
- Employee
- Other

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

2. The person on whose behalf the complaint is being made: (please complete if different from above)

First Name	Last Name
Relationship	

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

First Name	Last Name
Position/Title/Role	Name of Association
	Team Name & Division

First Name	Last Name
Position/Title/Role	Name of Association
	Team Name & Division

4. When did the incident occur? (MM/DD/YYYY, TIME)

5. Please select all categories that best describe your complaint:

Type of behaviour:

- Conduct
- Gestures
- Comments

Based on:

- Race, national or ethnic origin, skin colour or language spoken
- Religion, faith or beliefs
- Age
- Sex, sexual orientation or gender identity/ expression
- Marital or familial status
- Disability
- Pardoned conviction

Abuse:

- Physical
- Emotional
- Sexual
- Neglect

Bullying:

- Physical
- Verbal
- Relational
- Reactive

OMHMHA will not investigate reports of abuse that do not meet the definitions provided.

6. Please provide a detailed and accurate summary outlining the particulars of the incident to support your complaint. In your summary, please ensure your responses provide commentary to the following questions:

- Where did the incident occur?
- Who was involved in the incident?
- Describe details of the incident in order of occurrence to the best of your ability. What happened?
- How were you treated, please describe?
- How does the incident relate to the categories you selected?
- Please identify any witness(es) that may support your complaint
 - Witness: name, position, title, what was their involvement (participant vs. observer) if any and where were they positioned at the time the incident occurred?
 - Please indicate whether, to your knowledge, any witnesses are willing to speak with us.
- Remedy/Resolutions you are seeking?

Details of your summary in free form sentences or bulleted points may be inserted below.

You may add additional documents as necessary - please limit your complaint to no longer than 2 pages.

Signature of Complainant

Date of Complaint