

# LAC DU BONNET MINOR HOCKEY ASSOCIATION COMPLAINT FORM



## Please note the following:

- Have you waited the 24 hr period prior to reporting?
- Have all attempts been made to resolve the issue(s) with the appropriate teams Coaches and Managers?
- Complaints of harassment, abuse or bullying will not qualify a player for an automatic release.
- Substantiated allegations of harassment, abuse or bullying will be considered for sanctions ranging in severity.
- The LDBMHA 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 LDBMHA 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 Policies and Procedures.
- Email completed form to [Ldbmhpresident@outlook.com](mailto:Ldbmhpresident@outlook.com)

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## Please complete the following:

### 1. Person making the complaint:

Player  Parent  Volunteer  Official  Employee

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): \_\_\_\_\_

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5. Please check the ground(s) that best describes your complaint:

A.  Harassment

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Type of behaviour:

<input type="checkbox"/> Conduct	<input type="checkbox"/> Gestures	<input type="checkbox"/> Comments
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Based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Disability	<input type="checkbox"/> Colour
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Sex
<input type="checkbox"/> Marital status	<input type="checkbox"/> Family status	<input type="checkbox"/> Pardoned conviction	

B.  Abuse

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Type of behaviour:

<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Neglect
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Please note: If this matter has been reported to the Police, the LDBMHA 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

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Type of behaviour:

<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal	<input type="checkbox"/> Relational	<input type="checkbox"/> Reactive
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D.  Misconduct

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**6. Particulars:** Provide a summary of the incidents you are complaining about. Your summary must answer the following questions. Section 6 is to be no longer than 2 pages. 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

Day/Month/Year

**Signature of Complainant**

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**(6. Continued)**

Day/Month/Year

**Signature of Complainant**