

COMPLAINT FORM

Please note the following:

- 1. Substantiated allegations will be considered for sanctions ranging in severity.
- 2. Complete confidentiality of the complain process cannot be guaranteed. The contents of this document may be shared in an effort to resolve this complaint. By completing the form, you agree that the EC Complaint Officer may share some or all of this information in the process of resolving the complaint.

1.	Person	making	the	complaint	(p	lease	checl	k one)):
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Athlete Parent Volunteer Official Employee Witness	to Incident Other								
First Name:	Last Name:								
Address:	City/Town:								
Province:	Postal Code:								
Phone:	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:								

4. When and where did the incident(s) occur? (date):



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

Α	Harassment	

Type of behaviour: Conduct Gestures Comments

Based on: Race Ethnicity Disability Colour Religion Age Sexual orientation Sex Marital status Family status

Pardoned conviction

B. Abuse

Type of behaviour: Physical Emotional Sexual Neglect

C.Bullying

Type of behaviour: Physical Verbal Relational Reactive

D.Misconduct

6. Particulars:

Provide a summary of the incidents you are complaining about. Section 6 should be no longer than 2 pages. You may attach any additional documents that you feel will help clarify the basis for your complaint.

Your summary must answer the following questions, but is not limited to these questions:

- · Who was present at the time that the incidents occurred? This includes participants to the incident(s) as well as witnesses. Provide names and any contact information.
- · Provide a succinct summary of the incident(s) in your own words.
- · How do the incident(s) relate to the ground(s) you selected above?
- · What are the remedies or resolutions that you are seeking?.

Day/Month/Year

Signature of Complainant

Or send by email to safesport_wwdrs@primus.ca



Particulars:



Particulars (Continued):