



Temiskaming Shores Minor Hockey Association Complaint Form

Please note the following:

- *Substantiated allegation of harassment, abuse or bullying will be considered for sanctions ranging in severity from: no further action to expulsion.*
 - *TSMHA cannot guarantee complete confidentiality. The contents of this document may be shared in an effort to resolve this complaint here within. By completing the form, you agree that the TSMHA may share some or all of this information in the process of resolving the complaint.*
 - *Complaints will be addressed according to severity, resources and safety for participants.*
 - *E-mail completed form to tsmha@outlook.com*
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1. Person making the complaint:

Player ___ Parent ___ Volunteer ___ Official ___ Employee ___

First Name:	Last Name:
Address:	City:
Postal Code:	Phone:
Email:	Cell:

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

First Name:	Last Name:
Date of Birth:	

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

First Name:	Last Name:
Title/Role:	Name of Team:
First Name:	Last Name:
Title/Role:	Name of Team:

4. When did the incident occur? _____

5. Please check the grounds that best describes your complaint:

Harassment

Type of behaviour:

Conduct	Gestures	Comments
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Based on:

Race	Ethnicity	Disability	Religion
Age	Sexual Orientation	Sex	Marital Status
Family Status	Other:		

Abuse

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: Neither the OHF, nor any Member thereof will investigate reports of abuse that meet the definition provided. This information will be provided to the appropriate authorities for follow up.

Bullying

Type of behaviour:

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

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: Complaints of misconduct will generally be resolved according to TSMHA's organization's constitution or policies.

Day/Month/Year

Signature of Complainant