



LEDUC & DISTRICT MINOR FOOTBALL ASSOCIATION

Box 3191, Leduc AB, T9E 6L9

FORMAL COMPLAINT FORM

DATE SUBMITTED: _____

DATE REVIEWED (*office*): _____

Leduc and District Minor Football Association formal complaint form is to be completely filled out and sent into the President (by-Law17a). LDMFA asks that you take 24 hours to cool down before filling out the form and to submit the form in no later than two weeks of the initial incident so all concerns can be addressed effectively.

Section 1. Information (*must be completed*)

a) Name & Address of Individual Filing Complaint: _____

b) Phone numbers (for contact and clarification): _____

c) Role of Complainant re: this specific incident: (please circle)

Athlete Parent Spectator Referee Coach

Asst. Coach Trainer Administrator Other: _____

Section 2. (Complaint Information)

a) Date and time of incident: _____

b) Occasion of incident (*i.e. game, practice, tournament, community event, etc.*): _____

c) Location of incident: _____

d) Complaint is being filed against: (*please circle as many as necessary*)

Athlete Parent Spectator Referee Coach

Asst. Coach Trainer Administrator Other: _____

i) Please describe any efforts you have made to resolve your complaint informally and the responses to your effort. _____

j) Please describe the outcome or remedy you seek for this complaint: _____

Please note;

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Please keep a copy of the complaint form and any supporting documentation for your records.

Signature: _____

Date: _____

Action taken: _____

DATE: _____

Name of Executive/Coach reviewed complaint: _____

Notification to complainant by: _____ Date: _____

Complainant Response: _____

Follow up required? YES No