Please note the following:

- · MLMHA cannot guarantee complete confidentiality. The contents of this document may be shared in an effort to resolve the complaint here within.
- Complaints will be addressed according to severity, resources and safety for participants.
- · All complaints must accompany the "Complaint Submission Form" prior to review.
- Complaints will be resolved either informally or formally as according to the MLMHA Policy and Procedures Manual.

Please complete the following:				
1. Person making the complaint:	Player	Parent	Volunteer	Official
Name:				
Address:				
Phone number:	em	ail:		
2. Person on behalf the complaint	is made: (t	o be complete	d if different from	above)
Name:	1	Date of Birth	າ:	
3. Name of Person(s) against whor	m you are o	complaining	; :	
Name:				
Title/Role:		Team	:	
Name:				
Title/Role:		Team	:	
4. When did the last incident occur	r? (date):_			

- 5. **Particulars:** Provide a summary of the incidents you are complaining about. Your summary must answer the following questions:
 - 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 your treated differently from others (if at all)?
 - 6. Remedy/resolutions you are seeking?

COMPLAINT SUBMISSION