



BROOKS MINOR HOCKEY COMPLAINT FORM

Please note the following:

- Always wait the 24-hour cooling off period before beginning the complaint process and follow the League communications protocols
- Complaints will only be addressed if they are fully completed, have contact information and are signed by the submitter.
- BMHA cannot guarantee complete confidentiality. Portions of the contents of this document may have to be shared in an effort to resolve this complaint. By completing the form, you agree that BMHA may share some or all of this information in the process of resolving the complaint.
- Provide the fully completed form to your President by email at president@brooksmminorhockey.com

Please complete the following:

1. **Person making the complaint:** Parent Coaching Staff Game Official

First Name:	Last Name:	
Address:		
City/Town:	Province:	Postal Code:
Phone Number:	Cell Phone:	Email

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

First Name:	Last Name:	Phone:
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3. **Name of person(s) against whom you are complaining if known:**

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

4. **Details of the Members, the game location, the Division, the Tier or the event involved in this complaint?**

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5. Particulars: Provide a summary of the incidents you are complaining about. Your summary must answer the following questions. Section 5 is to be no longer than this page. You may attach any additional documents as you feel are necessary. Witness statements would be appreciated if available.

1. Date and Time the incident(s) happened
2. Where did the incident(s) happen?
3. Who was involved (Team information, Name and title/role)?
4. What happened?
5. What remedy or resolution are you seeking?

DATE: _____

Signature of Complaint _____