



Complaint / Incident Form for Managers:

Knights Lacrosse Association Complaint Form

Date: [Date]

Complainant Information:

Name: [Complainant's Name]

Position/Role: [Complainant's Position/Role within the Association]

Contact Information: [Complainant's Phone Number/Email Address]

Incident Details:

Date of Incident: [Date of Incident]

Time of Incident: [Time of Incident]

Location of Incident: [Location of Incident]

Description of Incident: [Description of the Incident]

Witness Information (if applicable):

Name: [Witness's Name]

Position/Role: [Witness's Position/Role within the Association]

Contact Information: [Witness's Phone Number/Email Address]

Incident Summary:

Please provide a brief summary of the incident, including any relevant details and actions taken:

[Summary of the Incident]





Actions Taken (if any):

Describe any actions taken to address the incident before submitting this complaint form:

[Actions Taken]

Supporting Evidence (if available):

- [Attach any relevant documents, photos, videos, or other evidence]

Please submit this completed form to the Discipline Coordinator for further investigation and review. Submit by sending email to discipline@calgaryknightslacrosse.com

Note: The Discipline Coordinator will follow the Knights Lacrosse Complaint Process outlined in the association's policies and procedures. Confidentiality and timeliness will be maintained throughout the investigation process.

