

Canora Minor Hockey Association Complaint / Incident Form



PLEASE PRINT CLEARLY

FULL NAME _____

EMAIL ADDRESS _____

CONTACT # _____

I AM : PARENT PLAYER HEAD COACH ASSISTANT TRAINER
 MANAGER OFFICIAL BOARD MEMBER OTHER

TEAM ASSOCIATED WITH: _____

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

COMPLAINT IS BEING FILED AGAINST: _____

THEIR CAPACITY IS: PARENT PLAYER HEAD COACH ASSISTANT TRAINER
 MANAGER OFFICIAL BOARD MEMBER OTHER

WERE THERE OTHER PARTIES DIRECTLY INVOLVED IN THE INCIDENT: YES NO

IF YES, PLEASE INPUT THEIR INFO: _____

WERE THERE WITNESS' TO THE INCIDENT: YES NO

IF YES, PLEASE INPUT THEIR INFO: _____

COMPLAINT: Please include circumstances leading up to the event(s), the specifics around the incident(s), and the situation upon dispersal. Please feel free to include a separate document and include pictures if deemed necessary. _____

Please submit to any Member of the Canora Minor Hockey Executive.

Signed