**Clive Minor Hockey Grievance Process**

The board at Clive Minor Hockey strives to serve our players and their families the very best we can, as well as supports our volunteers, we wish to extend an invitation to any family wishing to express their feelings. Before that, we would like to remind families of the proper protocol to follow when reporting a concern.

This process must be followed step by step and incidents will only move up the chain after the prior step has not achieved a resolution.

1) 24 Hour Rule for ALL conflicts. This means that from the time of the incident, you MUST wait 24 hours before you address the conflict.

2) Meet with the Parent Liaison.

3) Meet with the Parent Liaison and Head Coach.

4) Meet with Parent Liaison, Head Coach, and any other directly affected person.

5) File a written report to the Grievance Committee - Clive Minor Hockey Club. Please provide how the above steps have been taken and completed.

We have implemented a Grievance Committee. Please direct any written report to this committee via e-mail or contact us at:

Amy Sim 403-340-9572 [amysimjmk@gmail.com](mailto:amysimjmk@gmail.com)

Stacey Sim 403-896-0790 staceysim@platinum.ca

Or you can send any written copy to Box 285, Clive Ab, T0C 0Y0.

**Incident Report Form**

Please Submit completed form to:

Clive Minor Hockey

Attn: Grievance Committee

Box 285

Clive, AB

T0C0Y0

This form is to be utilized by anyone in the Clive Minor Hockey Association to report an incident of unacceptable behavior. An individual is considered to be displaying unacceptable behavior if they are verbally or physically harassing and/or abusing a game participant (Player, coach, spectator or official).

Date and Time of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Offending Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associated with Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Additional Witnesses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Provide a clear description of the unacceptable behaviour witnessed:

Submitted By:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_