



# Dawson Creek Minor Hockey Association

Please complete the following

Person making the complaint:

|             |  |           |  |          |  |
|-------------|--|-----------|--|----------|--|
| First Name  |  | Last Name |  | Team     |  |
| Address     |  | City/Town |  | Province |  |
| Telephone # |  | Cell #    |  | Email    |  |

Person making the complaint is?

|        |        |           |          |
|--------|--------|-----------|----------|
| PLAYER | PARENT | VOLUNTEER | OFFICIAL |
|--------|--------|-----------|----------|

Name of persons(s) against whom you are complaining:

|            |  |           |  |      |  |
|------------|--|-----------|--|------|--|
| First Name |  | Last Name |  | Team |  |
| Title/Role |  | City/Town |  |      |  |

|                           |  |                                  |  |
|---------------------------|--|----------------------------------|--|
| Date Incident(s) Happened |  | Where Did The incident(s) Happen |  |
|---------------------------|--|----------------------------------|--|

|  |
|--|
| Description of what happened and what the complaint is |
|  |

|                                    |
|------------------------------------|
| Remedy/Resolution you are seeking? |
|                                    |

|                              |   |
|------------------------------|---|
| Date Submitted/Sent To DCMHA | Means in Which Complaint Submitted/Sent |
|                              |   |

**\*\* All Fields Must Be Filled In\*\***