



Complaint Form

Nature of Complaint:	
(use reverse if necessary)	
Submitted by: _____	Date: _____
Signature: _____	Date: _____
For Medicine Hat Ringette Association Executive Only	
Received by: _____	Date: _____
Is submission valid: _____	Date: _____
Submitter notified: _____	Date: _____
Below is applicable only if Submission is valid	
Named members (if any informed): _____	Date: _____
Appeals (if any) received by: _____	Date: _____
Action taken:	Date: _____
(use reverse if necessary)	
Submitted notified?	Date: