Moosomin Minor Hockey Association Concern Identification Form

While addressing this concern please assume that, like you, all individuals involved are doing the best that they can and are acting with positive intent for minor hockey and all minor hockey players. Thank you, MMHA Board

1.	Please factually describe the situation as you have observed it. Include dates and times if appropriate:		
2.	Please express your concern in a respectful way:		
3.	Please state the outcome, improvement or change that you wish to see:		

	Please explain in your opinion how this change will improve the situation for MMHA and /or minor hockey players in our area:		
5.	Do you feel that this situation ca	n be mutually resolved? Please answer and briefly explain:	
6.	What are you willing to do to he	lp address this concern?	
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Naı	me:	Signature:	
Dat	te:		
Cor	ntact Information:		
Pho	one numbers:		
Ma	iling Address:		