

**Complaint Submission Form**

Thank you for taking the time to complete this complaint submission form. Please provide as much

detail as possible to help us address the matter effectively. All information submitted will be

considered confidential. Please note if the complaint process proceeds, the Respondent will be

notified of the complaint. We will obtain your consent prior to taking this step.

1. Complainant Information

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Description of Incident

Please describe the incident in detail (include date, time, location, and any other relevant

information) – **this information can be sent in a word document attached to this form**.

3. Respondent Information (if known)

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

Email or Contact Information (if available):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Additional Context

Were minors involved in this incident? (Yes/No): \_\_\_\_

Have authorities been contacted about this incident? (Yes/No): \_\_\_\_

If yes, please provide details (e.g., police report number, agency contacted):

Has this matter been heard by another organization or body? (Yes/No):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide details (e.g., the name of the organization, date of hearing, outcome):

6. Classification of Incident

Do you believe this incident constitutes maltreatment? (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Request for Forwarding

If you believe the incident constitutes maltreatment, would you like the Provincial Sport

Organization (PSO) to forward this complaint to the Independent Third Party (ITP) for Sport

New Brunswick? (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration

I hereby declare that the information provided in this form is true and accurate to the best of my

knowledge.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Office Use Only**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Actions Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**