

**Game Official** 

#### Please follow the below process:

- Always wait 24 hours, to allow a cooling off period, before commencing a complaint with the RMFHL.
- The complaint form must be fully completed prior to submitting it to the RMFHL.
- Anonymous complaints will not be accepted by the RMFHL.
- The complaint form must be signed off by either the Female Director or President of your respective local minor hockey association.
- Please be advised that the RMFHL cannot guarantee complete confidentiality.
   Information provided in the Complaint Form may be shared with those in which the complaint is being made against. In completing this form and submitting it to the RMFHL, you are hereby consenting to the RMFHL sharing information for the purposes of addressing the complaint.

Team Member

Director

Please complete the following:

1. Person making the complaint:

	RMFHL V	/olunteer	Other -specify			
Name						
Address						
City / Town	Province		Postal Code			
Telephone Number		Email Address				
2. Person on whose behalf the complaint is made: (only complete if different than above)						
Name						
Telephone Number		Email Addre	ss			



3. Name of person(s) against whom you are complaining, if known:

Name					
Title / Role	Name of Association				
Name					
Title / Role	Name of Association				
THE TRUE	Name of Association				
	ncidents you are complaining about. Your ons below. You may attach any additional itness statements and any recorded video				
a. Date and Time the incident(s) happe	ned.				
b. What was the Division / Tier?					
c. What was the Game number (can be	e obtained from the website if not known)?				
d. Where did the incident(s) occur?					
e. Who was involved in the incident (Te	am information, Name and title/role)?				



f.	Please explain what happened?



g. What remedy or resolution are you seeking?		
Signature of Complainant	Date	
Signature of Director / President	Date	