

CENTRAL ALBERTA HOCKEY LEAGUE COMPLAINT FORM



Please note the following:

- Always wait the 24 hour cooling off period before beginning the complaint process and follow the League communications protocols
- Complaints will only be addressed if they are fully completed, have contact information and are signed by the submitter and their CAHL Director or their Local Minor Hockey Association President.
- The CAHL cannot guarantee complete confidentiality. Portions of the contents of this document may have to be shared in an effort to resolve this complaint. By completing the form, you agree that the CAHL may share some or all of this information in the process of resolving the complaint.
- Provide the fully completed form to your Associations CAHL Director they will forward it to the Governor of your associated tier, the CAHL Lead Governor, the CAHL Governor-in-Chief or the CAHL Vice President of your Division.

Please complete the following:

- 1. Person making the complaint:** Team Member CAHL Director Game Official CAHL Volunteer

First Name		Last Name	
Address			
City/Town	Province	Postal Code	
Telephone Number	Cell Phone Number	Email	

- 2. Person on whose behalf the complaint is made:** (to be completed if different from above)

First Name		Last Name	
Telephone Number and email address			

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

First Name		Last Name	
Title/Role		Name of Association	
First Name		Last Name	
Title/Role		Name of Association	

- 4. Details of the CAHL Members, the game location, the Division, the Tier or the event involved in this complaint?**

CENTRAL ALBERTA HOCKEY LEAGUE

COMPLAINT FORM page 2



5. **Particulars:** Provide a summary of the incidents you are complaining about. Your summary must answer the following questions. Section 5 is to be no longer than this page. You may attach any additional documents as you feel are necessary. Witness statements would be appreciated if available.

1. Date and Time the incident(s) happened
2. Where did the incident(s) happen?
3. Who was involved (Team information, Name and title/role)?
4. What happened?
5. What remedy or resolution are you seeking?

Date: _____

Signature of Complainant _____

Signature of Members CAHL Director or LMHA President _____