

STONY PLAIN FOOTBALL ASSOSSIATION

Box 2331, Stony Plain, AB, T7Z 1X8

FORMAL COMPLAINT FORM

Asst. Coach

Trainer

Date submitted:_____

Date reviewed (office):_____

Stony Plain Football Association formal complaint form is to be completely filled out and sent into the Secretary of SPFA. SPFA asks that you take 24 hours to cool down before filling out the form and to submit the form in no later than two weeks of the initial incident so all concerns can be addressed effectively.

Section 1. Complainant Information (must be completed)

a) Name & Address of Individual Filing Complaint:_____

b) Phone numbers/Email (for contact and clarification):					
c)) Role of Complainant re: this specific incident: (please circle)				
	Athlete	Parent	Spectator	Referee	Coach
	Asst.Coach	Trainer	Administrator	Other:	
Section 2. (Complaint Information)					
a) Date and time of incident:					
b) Occasion of incident (i.e. game, practice, tournament, community event, etc.):					
c) Location of incident:					
d) Complaint is being filed against: (please circle as many as necessary)					
	Athlete	Parent			Coach

Administrator Other:____

e) Please describe incident in a factual, evidence-based manner. Please note that your complaint will not be considered for review if it is written in an accusatory or inflammatory manner:

f) Does this incident violate either the Players code of Conduct, Parents code of Conduct, Coaches code of Conduct or the Executive code of conduct? (please see website links for those documents): Yes No

g) If Yes, please describe which part of the code of conduct you believe it violates:

h) Were there any witnesses to or media evidence of this incident? If so, please list their names and telephone numbers and/or supply media evidence:

i) Please describe any efforts you have made to resolve your complaint informally and the responses to your effort:

j) Please describe the outcome or remedy you seek for this complaint:

Please note;

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint of two weeks.

Please keep a copy of the complaint form and any supporting documentation for your records.

Signature:_____ Date:_____