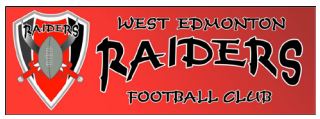
**FORMAL COMPLAINT FORM**

DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE REVIEWED (OFFICE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is designed to be completed by anyone who has a concern, issue or complaint about West Edmonton Raiders activities that they would like reviewed by the Executive. This form will ONLY be accepted if it is relayed through the appropriate Team Liaison. The Raiders Executive will receive this through email or by hand from the Liaison. Replies or decisions will be handled expeditiously and will be sent directly to the complainant and copied to the Team Liaison.

**COMPLAINANT INFORMATION:**

|  |  |
| --- | --- |
| FULL NAME: | MOBILE #: |
| ADDRESS: | PHONE #: |
|  |  |
| CITY: | EMAIL: |
| POSTAL CODE: | EMAIL 2: |

**ROLE OF COMPLAINANT (DURING THIS SPECIFIC INCIDENT) – CIRCLE ONE:**

COACH ADMINISTRATOR TRAINER PARENT ATHLETE SPECTATOR REFEREE OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCIDENT DETAILS:**

|  |  |  |
| --- | --- | --- |
| **DATE OF INCIDENT:** | | **TIME OF INCIDENT:** |
| **LOCATION OF INCIDENT:** | | |
| **OCCASION OF INCIDENT (CIRCLE):** Game Practice Tournament Community Event Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Other (describe):** | | |
| **COMPLAINT IS BEING FILED AGAINST (CIRCLE ALL APPLICABLE):**  Coach Administrator Trainer Assistant Coach Parent Athlete Spectator Referee/Official Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **LIST ANY WITNESSES:** | | |
| **NAME:** | | **PHONE:** |
| **NAME:** | | **PHONE:** |
|  | |  |
| **IS THERE ANY MEDIA FOOTAGE (VIDEO / PHOTO) EVIDENCE OF THE INCIDENT?** | | |
| No | Yes – Please submit this media with this form. | |

**DESCRIPTION OF INCIDENT:**

Please describe the incident in a factual, evidence-based manner. Please note that your complaint will not be considered for review if it’s written in an accusatory or inflammatory manner. Attach additional sheets if necessary.

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**EXECUTIVE REVIEW:**

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| --- |
| **Witnesses Contacted?** No Yes, (Attach Statements) |
| **Has Media been reviewed?** No Yes |
| **Was a penalty or game/practice ejection associated with this incident?**  No Yes – describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is this Complaint Internal, or external (CDMFA, EFOA, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECISION:**

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**REVIEWED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPLY SENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**