



# HIGH COUNTRY MINOR HOCKEY ASSOCIATION – COMPLAINT FORM

Please note the following:

- Always wait the 24 hour cooling off period before beginning the complaint process and follow the communications protocols. **\* Communication Protocol is .... Parent/Player to Coach/Manager/Coach Director to HCMHA Board of Director \***
- Complaints will only be addressed if they are fully completed, have contact information and are signed by the submitter.
- HCMHA 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 HCMHA may share some or all of this information in the process of resolving the complaint.
- Provide the fully completed form to any current Board Member of the HCMHA; they will forward it to the HCMHA Board of Directors and/or may also include 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:

Person making this complaint is a:

Player       Parent of Player       Coach/Manager       Game Official       Other \_\_\_\_\_

First Name		Last Name	
Address			
City/Town	Province	Postal Code	
Email	Telephone Home	Telephone Other	

Person on whose behalf the complaint is made (if different from above):

First Name		Last Name	
Email	Telephone Home	Telephone Other	

Particulars:

HCMHA Team and/or CAHL division & tier:	
Date & time incident happened:	
Where did the incident happen?	
Who was involved (team information, name & roles):	
What happened? (you may attach a separate piece of paper with a more detailed description)	
What remedy of resolution are you seeking?	

You may attach additional documents as you feel are necessary. Witness statements would be appreciated as well.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complainant