

**HOCKEY WINNIPEG**  
**FORMAL COMPLAINT FORM**  
(Complaint made under the Respectful Hockey Policy)

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Please complete the following:

**1. Person making the complaint:**

<input type="radio"/> Player	<input type="radio"/> Parent/guardian	<input type="radio"/> Volunteer	<input type="radio"/> Official	<input type="radio"/> Employee	<input type="radio"/>
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First name	Last name
Address	
City/Town/Province	Postal Code
Telephone number (day) and cell phone number	E-mail address

**2. Person on whose behalf the complaint is made: (to be completed if different from above and the person who the complaint is made on behalf of is a minor)**

First name	Last name
Birth date (day/month/year)	
Relationship to the person identified in #1 above	

**3. Identity of person(s) who complaint is against:**

First name	Last name
Title/role	Name of Association/Club

First name	Last name
Title/role	Name of Association/Club

**4. Nature of the allegations (check the box that best applies – see the Policy for descriptions):**

<input type="radio"/> Discrimination	<input type="radio"/> Human rights based harassment	<input type="radio"/> Bullying	<input type="radio"/> Abuse
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5. Date(s), time(s) and place(s) where the incident(s) took place:

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6. Explain what happened: (attach additional sheets of paper if necessary)

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7. List any people who have been spoken to about the behaviour:

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8. To your knowledge, what steps, if any, have been taken to deal with the situation?

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9. List on a separate sheet of paper the names and contact information of anyone who may have witnessed the incident(s) or people you feel should be spoken to concerning the complaint.

*I hereby certify that to the best of my knowledge and belief that the above-mentioned information is true, accurate and complete. I am aware that making false, malicious or frivolous allegations is in violation of the Respectful Hockey Policy and subject to disciplinary action by Hockey Winnipeg.*

*I further recognize that the contents of this document and any attachments (with the exception of any witness list provided) will be shared with the person(s) against whom it has been filed.*

\_\_\_\_\_  
Signature of the complainant

\_\_\_\_\_  
Date

**FOR ADMINISTRATIVE PURPOSES ONLY**

Date complaint received:

Complaint received by: