**Complaint Intake Form**

**Please note the following:**

* Complaints will be addressed in accordance with the Hockey New Brunswick Safe Sport Policy Manual along with supporting policies that may apply on a case-by-case basis.
* Hockey New Brunswick cannot guarantee confidentiality. The contents of this document may be shared in an effort to resolve this complaint.
* Complaints related to Maltreatment, will be sent to Hockey Canada Independent Third Party.
* Complaints which are criminal in nature, will be forwarded to the local police authority, and will not be investigated by Hockey New Brunswick.
* Once completed, this form can be emailed to **info@hnb.ca**

**Please complete the following:**

1. **Person filing complaint:** [ ]  **Player** [ ]  **Parent** [ ]  **Volunteer** [ ]  **Official** [ ]  **Employee**

|  |  |
| --- | --- |
| First Name | Last Name |
| Minor Hockey Association | Team | Position with Team/Association |
| Telephone Number | Email |

1. **Person on whose behalf the complaint is made:** (if same as above, leave blank)

|  |  |
| --- | --- |
| First Name | Last Name |
| Birth Date (dd/mm/yyyy) |

1. **Name of person(s) who the complaint is being filed against:**

|  |  |
| --- | --- |
| First Name | Last Name |
| Minor Hockey Association | Team | Title/Role |
| First Name | Last Name |
| Minor Hockey Association | Team | Title/Role |

1. **When did the incident(s) occur? (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Particulars:** Please provide a summary of the incident(s) you are complaining about. Your summary must answer the following questions. If additional space is required, you can attach a document.
3. Date that the incident(s) happened
4. Where did the incident happen?
5. Who was involved?
6. What happened?
7. How do the incidents relate to the ground(s) you selected?
8. Remedy/Resolutions you are seeking
9. **Witnesses**

Did anyone else witness the incident? If so, please provide their name and contact information.

 Witness # 1

|  |  |
| --- | --- |
| First Name | Last Name |
| Telephone Number | Email |
| Relationship with complainant |

Witness # 2

|  |  |
| --- | --- |
| First Name | Last Name |
| Telephone Number | Email |
| Relationship with complainant |

Witness # 3

|  |  |
| --- | --- |
| First Name | Last Name |
| Telephone Number | Email |
| Relationship with complainant |

1. **Declaration**

I hereby declare that the information provided in this Complaint Form is true and correct to the best of my knowledge. I understand that if I have knowingly provided false information, I may be subject to disciplinary action by Hockey New Brunswick.

Name:

Date:

Signature:



**DECISION**