



# **Ontario Minor Hockey Association**

## **Complaint Form**

(To be used at the local association level for all complaints filed)

Local Association Name: \_\_\_\_\_

President of Local Association (please print) \_\_\_\_\_

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### **Section 1: Complainant Information (Must be completed for form to be accepted)**

Name of individual filing complaint (Hereafter called "Complainant") \_\_\_\_\_

Evening phone number \_\_\_\_\_ Day phone number \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Role of Complainant re: this specific incident: (please choose one)

Coach     Executive Member     Parent     Player     Official     Spectator

Other: \_\_\_\_\_

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### **Section 2: Respondent Information (Must be completed before form can be submitted)**

Name of individual(s) whom complaint is being filed (hereafter called "respondent"):

\_\_\_\_\_

Evening phone number \_\_\_\_\_ Day phone number \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Role of Respondent re: this specific incident: (please choose one)

Coach     Executive Member     Parent     Player     Official     Spectator

Other: \_\_\_\_\_

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### **Section 3: Nature of Complaint: (Complainant to fill in)**

Code of Conduct     Harassment     Abuse     Other \_\_\_\_\_

Please describe the complaint, identifying the facts and issues, against the respondent: (If not enough room, please provide additional details on a separate sheet of paper)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Attempts made at Team level to resolve:  Yes  No

If no, please provide your reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Day/Month/Year

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

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**Section 4: Local Association Process**

Date complaint received by President: \_\_\_\_\_

Dispute Resolution Committee review date: \_\_\_\_\_

Complaint accepted?  Yes  No

(If complaint not accepted, the DR committee will submit in writing below the reasons the complaint was not accepted and return to the Complainant, Respondent and local association Executive)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint Accepted – Meeting scheduled 7 days after review date

Dispute Resolution Committee Meeting Date: \_\_\_\_\_

Complaint resolved with Complainant and Respondent?  Yes  No

If complaint resolved, please list any actions or recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If complaint is not resolved, DR Committee to complete section 5.

**Section 5: Dispute Resolution Committee Decision Section**

(Please provide the details of the final decision as determined by the Dispute Resolution Committee. Ensure to attach document(s) that are sent to Complainant and Respondent.)

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Complainant satisfied with resolution?:  Yes  No

Appeal to OMHA:  Yes  No

Date appeal sent to OMHA Office: \_\_\_\_\_

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**Section 6 - OMHA Appeal Process**

Date Appeal received in OMHA office: \_\_\_\_\_

Application fee received?  Yes  No

Documentation submitted?  Yes  No

Investigation Conducted?  Yes  No

Risk Management Officer Accepts Complaint:  Yes  No

Under which category does the complaint fall?

Harassment  Code of Conduct  Abuse  Other \_\_\_\_\_

Provide reasons for returning complaint to Complainant and copy to Respondent and local association:

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Appeal accepted: Meeting/Hearing Date Assigned: \_\_\_\_\_

Members of Appeals Committee: (please print) Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

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**Decision of Appeals Committee:**

(Please attach all formal documentation that is sent to Complainant, Respondent and local association)

