



BURLINGTON JR. RAIDERS HOCKEY CLUB
COMPLAINT FORM

Please email to ron@wavesports.ca

OFFICE USE ONLY
Date Received:
Received By:

Complainant to complete areas in light blue only

SECTION 1 - COMPLAINANT INFORMATION

Name of Person Making the Complaint (Complainant)
Home Address

[Light blue input area for Name and Home Address]

Phone Number (Mobile Preferred):
Preferred Email:

Role of Complainant (pick one from drop-down menu)
If OTHER describe here:

[Light blue input area for Role of Complainant]

SECTION 2 - RESPONDENT INFORMATION

Person against whom the complaint is being made (Respondent)
Home Address

[Light blue input area for Person Name]

Phone Number (Mobile Preferred):
Preferred Email:

[Grey input area for Home Address]

Role of Respondent (pick one from drop-down menu)
If OTHER describe here:

[Light blue input area for Role of Respondent]

SECTION 3 - NATURE OF COMPLAINT

Have attempts been made to resolve the complaint between the two parties?	
Yes or No	
If no, specify reason below (attache separate page if needed)	
[Light blue input area for reason]	

Indicate with an 'X' in box to left of Complaint Type

<input type="checkbox"/>	Code of Conduct
<input type="checkbox"/>	Harassment
<input type="checkbox"/>	Abuse
<input type="checkbox"/>	Other (Please Specify)
[Light blue input area for details]	



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PAGE 2

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Describe the nature of your complaint, including date(s) and time(s). Please use this space to detail only the facts of your complaint. Be specific. Attach a separate page if needed.

[Large light blue area for describing the complaint]

Are there any witnesses to the events described above:

Choose Yes or No From the Dropdown Menu

If yes, please provide name of witness and contact email (with their permission)

	Name	Email
Witness 1		
Witness 2		
Witness 3		

DATE: Year Month Day

Signature

