



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) _____

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: _____

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: _____

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)

**ONTARIO MINOR HOCKEY ASSOCIATION
Risk Management Guide**



Attempts made at Team level to resolve: Yes No

If no, please provide your reason: _____

Day/Month/Year

Signature of Complainant

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.)

Complainant satisfied with resolution?: Yes No

Appeal to OMHA: Yes No

Date appeal sent to OMHA Office: _____

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:

Appeal accepted: Meeting/Hearing Date Assigned: _____

Members of Appeals Committee: (please print) Chair: _____

Member: _____

Member: _____

Decision of Appeals Committee:

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

