

PHA Complaint Form

Section A. Individual making the complaint

First Name:		Last Name:	
Address:			
City/Town:		Province:	Postal Code:
Home Ph:	Cell:	email:	

Section B. Individual on whose behalf the complaint is made (to be completed if different from above)

First Name:		Last Name:	
Birth Date: (year/month/day) ____:____:____			

Section C. Name of individual(s) against whom you are complaining (if not known to you then please provide a description of the individual and the role he or she played during the incident)

First Name:		Last Name:	
Division:		Team #: (or colour of jersey)	

Section D. Please provide the following details with respect to your complaint

Date(s) of Incident(s):
Location of incident(s): (if incident(s) occurred within a facility, the location where incident took place e.g. dressing room #, hallway, location on-ice, in the stands, etc, any additional detail would be helpful)

Section E. Please provide a descriptive summary of the incident(s) leading to this complaint

If necessary use the back of this form

Section F. Please provide the names and contact information of anyone who was a witness to the incident(s) you have described above

Name	Home phone #	Cell phone #	email

Signature of Complainant: _____

Date: _____

