



# COMPLAINT FORM



**Please note the following:**

- Complaints of harassment, abuse or bullying will not qualify a player for an automatic release.
- Definitions are provided in Appendix A.
- Substantiated allegations of harassment, abuse or bullying will be considered for sanctions ranging in severity.
- The OMHA cannot guarantee complete confidentiality. The contents of this document may be shared in an effort to resolve this complaint. By completing the form, you agree that the OMHA may share some or all of this information in the process of resolving the complaint.
- Complaints will be addressed in accordance with the Code of Conduct Policies and Procedures.
- Email completed form to [omha@omha.net](mailto:omha@omha.net)
- Or, mail to: Ontario Minor Hockey Association  
Attention: Risk Management  
25 Brodie Drive, Unit 3  
Richmond Hill, ON L4B 3K7

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**Please complete the following:**

**1. Person making the complaint:**

☐ Player   ☐ Parent   ☐ Volunteer   ☐ Official   ☐ Employee

First Name		Last Name	
Address			
City/Town	Province	Postal Code	
Telephone Number	Email		

2. **Person on whose behalf the complaint is made:** (to be completed if different from above)

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

3. **Name of person(s) against whom you are complaining:**

First Name	Last Name
Title/Role	Name of Association
First Name	Last Name
Title/Role	Name of Association

4. **When did the incident(s) occur? (date):** \_\_\_\_\_

5. **Please check the ground(s) that best describes your complaint:**

A. ☐ Harassment (refer to Appendix A)

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Type of behavior:

<input type="checkbox"/> Conduct	<input type="checkbox"/> Gestures	<input type="checkbox"/> Comments
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Based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Disability	<input type="checkbox"/> Colour
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Sex
<input type="checkbox"/> Marital status	<input type="checkbox"/> Family status	<input type="checkbox"/> Pardoned conviction	

*B.* ☐ Abuse (refer to Appendix A)

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Type of behaviour:

<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Neglect
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Please note: If this matter has been reported to the Police or Child Protection Authorities, the OMHA may through its fact finding process determine that a suspension of the alleged offender is warranted, until such time as the Police and/or Authorities have concluded their investigation, after which a final determination will be made.

*C.* ☐ Bullying (refer to Appendix A)

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Type of behaviour:

<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal	<input type="checkbox"/> Relational	<input type="checkbox"/> Reactive
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*D.* ☐ Misconduct (refer to Appendix A)

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Please note: Complaints of misconduct will generally be directed to the Local Association for formal or informal resolution according to that organization's constitution or policies.

**6. Particulars:** Provide a summary of the incidents you are complaining about. Your summary must answer the following questions. Section 6 is to be no longer than 2 pages. You may attach any additional documents as necessary.

1. Date incident(s) happened
2. Where did the incident(s) happen?
3. Who was involved (Name and title/role)?
4. What happened?
5. How were you treated differently from others (if at all)?
6. How do the incident(s) relate to the ground(s) you selected?
7. Remedy/Resolutions you are seeking

Day/Month/Year

Signature of Complainant

(6. Continued)

[illegible]

Day/Month/Year

Signature of Complainant