**Please note the following:**

* CYH cannot guarantee complete confidentiality. The contents of this document may be shared with the entire CYH Board of Directors and/or its designee(s) in an effort to resolve this complaint. By completing the form, you agree that CYH may share some or all of this information in the process of resolving the complaint.
* Complaints will be addressed in accordance with the CYH Code of Conduct and Zero Tolerance Policies and Procedures.
* Deliver the completed form, in person or via email, to a member of the CYH Board. Complaints must be signed to be valid.

**Please complete the following:**

1. **Person making the complaint:**  Player Parent Volunteer Official Employee

|  |  |  |  |
| --- | --- | --- | --- |
| First Name  |  | Last Name  |  |
| Address  |  |  |  |
| City/Town  | State  |  | Postal Code  |
| Telephone Number  | Cell Phone Number  | Email  |

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

|  |  |
| --- | --- |
| First Name  | Last Name  |
| Relationship to Complainant  |

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

|  |  |
| --- | --- |
| First Name  | Last Name  |
| Title/Role  | Name of Hockey Association  |
| First Name  | Last Name  |
| Title/Role  | Name of Hockey Association  |

1. **When did the incident(s) occur? (date):**
2. **Please check the ground(s) that best describes your complaint:**

A.

 Harassment

Type of behavior:

|  |  |  |
| --- | --- | --- |
|  Conduct  |  Gestures  |  Comments  |

Based on:

|  |  |  |  |
| --- | --- | --- | --- |
|  Race  |  Ethnicity  |  Disability  |  Color  |
|  Religion  |  Age  |  Sexual orientation  |  Sex  |
|  Marital status  |  Family status  |  Other  |  |

B.

 Abuse

Type of behavior:

|  |  |  |
| --- | --- | --- |
|  Physical  |  Emotional  |  Sexual  |

Please note: If this matter has been reported to the Police or other public or private authority (such as MidAm Hockey, Buckeye Travel Hockey League, IHSAA, USA Hockey, et al), CYH may through its fact finding process determine that a suspension of the alleged offender is warranted until such time as the Police and/or other authority has concluded its investigation, after which a final determination will be made.

C.

 Bullying

Type of behavior:

|  |  |  |  |
| --- | --- | --- | --- |
|  Physical  |  Verbal  |  Emotional  |  Cyber (social media)  |

D.

 Misconduct

Please provide a narrative in Section 6.

1. **Particulars:** Provide a summary of the incident you are complaining about. Your summary must answer all of the following questions. Section 6 is to be no longer than 2 pages. You may attach any additional evidence 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.  | Were there witnesses? If so, please identify.  |
| 7.  | **Remedy/Resolution you are seeking:**  |
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|  |  |

Day/Month/Year Signature of Complainant\*

\*By signing this form, Complainant solemnly swears and sincerely affirms that the contents of this Complaint are true and accurate.

**(6. Continued, if necessary)**

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 Day/Month/Year Signature of Complainant