## MITCHELL SKATING & HOCKEY ASSOCIATION INCIDENT / GRIEVANCE REPORT

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Mitchell Skating & Hockey Association (MSHA) provides the following form to document reports of any incident, (on-ice or off-ice, pertaining to player, coach, parent, or volunteer actions), or to raise a grievance by association members. Any member that wishes to remain anonymous while submitting a report may do so by contacting an MSHA board member. All submitted reports will be kept confidential to the respective parties involved and MSHA administration. Any retaliation to reporting parties will be referred to the MSHA Whistleblower Policy.

REPORT DATE:		REPORTED BY:		
PLAYER NAME:		LEVEL OF PLAY:		
PARENT NAME(S):		COACH NAME:		
INCIDENT/GRIE	VANCE INFORMATIO	N		
DATE:	TIME:	LOCATION:		
WITNESSES:				
DESCRIPTION OF INC	IDENT OR GRIEVANCE:			
	MMITTEE USE ONLY			
PARENT/PLAYER EXP	LANATION:			
ACTION/RESOLUTION	N TO BE RECOMMENDED W	/ JUSTIFICATION:		
PARTIES DETERMINI	NG ACTION/RESOLUTION: _			
		(1) have read and understand the nd (3) agree to the proposed reso	information contained herein, (2)	
PLAYER	DATE	PARENT	DATE	
REPORT RECEIVED BY:		DATE:	DATE:	

## INCIDENT / GRIEVANCE REPORT – ADDITIONAL INFORMATION

Use the following space to provide any additional information: