



## Hockey Manitoba Intake Form Maltreatment and Discrimination

This form is designed for any individual (players, coaches, officials, volunteers, parents, etc.) wishing to make a complaint under the Hockey Canada Maltreatment and Discrimination policy. Please fill out the following information and submit via email to: [complaints@sportcomplaints.ca](mailto:complaints@sportcomplaints.ca)

1. The person submitting the complaint. **Please identify if you are a:**

- Player
- Parent
- Volunteer
- Official
- Employee
- Other

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

2. The person on whose behalf the complaint is being made: (please complete 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	
Position/Title/Role		Name of Association & League	
		Team Name & Division	

First Name		Last Name	
Position/Title/Role		Name of Association & League	
		Team Name & Division	

4. When did the incident occur? (Month, day, year, time): \_\_\_\_\_

5. Please provide a detailed and accurate summary outlining the particulars of the incident to support your complaint. In your summary, please ensure your responses provide commentary to the following questions.

- Where did the incident occur?
- Who was involved in the incident? (Please include name, title, position)

- Describe details of the incident in order of occurrence to the best of your ability. What happened?
- How were you treated, please describe?
- Please identify any **witness(es)** that may support your complaint.
  - **Witness:** name, position, title, what was their involvement (participant vs. observer) if any and where were they positioned at the time the incident occurred?
  - Please indicate whether, to your knowledge, any witnesses are willing to speak with us.

**Details of your summary in free form sentences or bulleted points may be inserted below.**

**You may add additional documents as necessary.**

**Signature of Complainant**

**Date of Complaint**

\_\_\_\_\_

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