

Orillia Minor Hockey Association Complaint Form

(To be used at the local association level for all complaints filed)

Local Association Name:

President of Local Association (please print)

Section 1: Complainant Information (Must be completed for form to be accepted)

Name of individual filing complaint (Hereafter called "Complainant")

Evening phone number _____

Day phone number _____

Home address:

Email address:

Role of Complainant Re: this specific incident: (please choose one)

Coach Executive Member Parent Player Official Spectator

Other (Please Specify): _____

Section 2: Respondent Information (Must be completed before form can be submitted)

Name of individual(s) whom complaint is being filed (hereafter called "respondent"):

Evening phone number _____

Day phone number _____

Attempts made at Team level to resolve: Yes No

If no, please provide your reason:
(If not enough room, please provide additional details on a separate sheet of paper)

Day/Month/Year

Signature of Complainant

Section 4: Local Association Process

Date complaint received by President:

Dispute Resolution Committee review date:

Complaint accepted? Yes No

(If complaint not accepted, DR Committee will submit in writing below the reasons the complaint was not accepted and return to the Complainant, Respondent and President) (If not enough room, please provide additional details on a separate sheet of paper)

Section 5: Dispute Resolution Committee Decision Section

(Please provide the details of the final decision as determined by the Dispute Resolution Committee. Ensure to attach document(s) that are sent to Complainant and Respondent.) *(If not enough room, please provide additional details on a separate sheet of paper)*

Complainant satisfied with resolution?: Yes No

Appeal to OMHA: Yes No

Date appeal sent to OMHA Office: _____

Section 6 – OMHA Appeal Process

Date Appeal received in OMHA office: _____

Application fee received? Yes No

Documentation submitted? Yes No

Investigation Conducted? Yes No

Provide reasons for returning complaint to Complainant and copy to Respondent and local association:

Appeal accepted: Meeting/Hearing Date Assigned:

Members of Appeals Committee: (please print)

Chair: _____

Member: _____

Member: _____

Decision of Appeals Committee:
(Please attach all formal documentation that is sent to Complainant, Respondent and Board)
