

APPLEWOOD HOCKEY ASSOCIATION

COMPLAINT REPORTING FORM

[Please fill in the specifics of the incident(s) that led to this complaint being submitted to the AHA. Applewood will trigger its complaint procedure and get back to you as quickly as we can. Please submit this form (e.g. via email or in person) to any of the AHA board of directors as soon as possible].

| | |
|--|-------------------|
| Name: | Date: |
| Address: | Telephone: |
| Complaint number (internal use only): | Team: |
| Complaint: (record details of incident, what was done/heard/seen; record facts and statements, not interpretations; any other witnesses) | |

REPORTING

Date: _____ **Time:** _____

Who received the report? _____

Signature of the person who received the complaint

Name: _____ **Date:** _____