



# NORTHERN ONTARIO HOCKEY ASSOCIATION COMPLAINT INTAKE FORM



## Appendix – C –revised June, 2011

### Please note the following:

- Complaints of harassment, abuse or bullying will not qualify a player for an automatic release.
- Definitions are provided in Appendix 1.
- Substantiated allegations of harassment, abuse or bullying will be considered for sanctions ranging in severity from: no further action to expulsion.
- The NOHA cannot guarantee complete confidentiality. The contents of this document may be shared in an effort to resolve this complaint here within. By completing the form, you agree that the NOHA may share some or all of this information in the process of resolving the complaint.
- Complaints will be addressed according to severity, resources and safety for participants.
- Fax or email completed form to 705-474-6019 or cmay@noha.on.ca

### Please complete the following:

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

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

2. **Person on whose behalf the complaint is made:** (to be completed 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	
Title/Role		Name of Association/Club	
First Name		Last Name	
Title/Role		Name of Association/Club	

4. **When did the last incident occur? (date):** \_\_\_\_\_



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5. Please check the ground(s) that best describes your complaint:

A.  Harassment (refer to Appendix D)

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Type of behaviour:

<input type="checkbox"/> Conduct	<input type="checkbox"/> Gestures	<input type="checkbox"/> Comments
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Based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Disability	<input type="checkbox"/> Colour
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Sex
<input type="checkbox"/> Marital status	<input type="checkbox"/> Family status	<input type="checkbox"/> Pardoned conviction	

B.  Abuse (refer to Appendix D)

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Type of behaviour:

<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Neglect
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Please note: Neither the OHF, nor any Member thereof will investigate reports of abuse that meet the definition provided. This information will be provided to the appropriate authorities for follow up.

C.  Bullying (refer to Appendix D)

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Type of behaviour:

<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal	<input type="checkbox"/> Relational	<input type="checkbox"/> Reactive
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D.  Misconduct (refer to Appendix D)

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Please note: Complaints of misconduct will generally be directed to the Member Partner or Local Association or Club for formal or informal resolution according to that organization's constitution or policies.



