

# COMPLAINT FORM

*Ensure 24 hours have passed since the incident.*

You are encouraged to review DMHA's Complaint Policy located in the [operating procedures](#) prior to submitting a complaint.

If you have any questions arising from the operating procedures, please reach out to [didsburyminorhockeypresident@gmail.com](mailto:didsburyminorhockeypresident@gmail.com) or the current Disciplinary Board.



*This form is not anonymous.*

**NAME OF MEMBER FILING COMPLAINT:**

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**NAME OF MEMBER COMPLAINT IS FILED UPON:**

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**BYLAW, POLICY or RULE BREACHED:**

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**RELEVANT SECTION OF BYLAW OR POLICY IF APPLICABLE:**

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**DATE OF INCIDENT OR ONGOING CONCERN:** \_\_\_\_\_

**SUMMARY OF INCIDENT (ATTACH EXTRA PAGES IF REQUIRED):**

**DESIRED RESOLUTION**

**WITNESS OF INCIDENT:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Next Step:**

**Email completed form to your team manager, only AFTER 24 hours has passed. If the complaint concerns your team manager, forward directly to the discipline committee by emailing [didsburyminorhockeypresident@gmail.com](mailto:didsburyminorhockeypresident@gmail.com)**