



## Acadia Minor Hockey Complaint & Concern Form

Please use this form to communicate any complaints or concerns you may have.

Please note that the Acadia Minor Hockey Association (AMHA) abides by and upholds policies as applicable from Hockey Nova Scotia and Hockey Canada. AMHA Executive Members are volunteers who put in many hours to ensure our association operates as best it can. Abusive behavior towards volunteers is a major cause of volunteers discontinuing their service; and we cannot operate without our volunteers. Please proceed with this in mind and remain as respectful as possible.

Please review the process for Complaint & Conflict Resolution (found on the AMHA Website) and ensure steps are followed prior to submitting this form.

**Please complete this form completely; incomplete forms or forms missing information may be returned for completion prior to process for addressing concerns or complaints proceeding.**

This is a:             COMPLAINT             CONCERN (circle applicable choice)

**Your Name:** \_\_\_\_\_

**Contact Info:** Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Complaint/Concern Involves the following (indicate all that apply):**

Bench Staff     Parent     Player     Official (on-ice)     Official (off-ice)

AMHA Volunteer     AMHA Executive Member

**Details of your complaint/concern:** Please provide details, including all persons involved, details of incident of concern/complaint, any steps toward resolution, relevant observations etc. Please restrict your comments to your own experiences, observations and/or interactions. Please use additional paper if required.

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**Describe what you feel would be a fair and reasonable outcome towards resolving this situation.** Please note that the AMHA Conflict Resolution Committee will take your suggestion for outcomes under advisement but is not obligated to follow through on your suggestion and may choose another course of action to address this situation.

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AMHA will acknowledge receipt of concerns/complaints filed in complete, as per the Complaint & Conflict Resolution Process. AMHA reserves the right to respond to any complaint or concern in a way that is best determined to meet the needs of all individuals involved and the situation following the Complaint & Conflict Resolution Process. Please note that while AMHA employs a progressive approach for issues of complaint/conflict, this process is not necessarily linear and may begin at any point along the continuum.

By signing this complaint/concern form, I acknowledge that my description of the behaviors is true and accurate and based only on my own observations and experiences. I understand the process for redress of my complaint/concern and I am willing to respectfully and calmly participate in any mediation suggested by AMHA, if applicable.

**Name of Complainant (please print):** \_\_\_\_\_

**Signature of Complainant:** \_\_\_\_\_

**Date of Complaint / Concern:** \_\_\_\_\_

