



Strathcona County Minor Football Association

Formal Complaint Form

Date submitted: _____

Date Reviewed (office): _____

Section 1. Complainant Information (must be completed)

a) Name & Address of Individual Filing Complaint: _____

b) Phone numbers (for contact and clarification): _____

c) Role of Complainant re: this specific incident: (please circle)

Coach Administrator Trainer Asst. Coach Parent Athlete

Spectator Referee Other: _____

Section 2. Complaint Information

a) Date and time of incident: _____

b) Occasion of incident (i.e. game, practice, tournament, community event etc.): _____

c) Location of incident: _____

d) Complaint is being filed against: (please circle as many as necessary)

Coach Administrator Trainer Asst. Coach Parent Athlete

Spectator Referee / Official Other: _____

e) **Please describe incident in a factual, evidence-based manner.** Please note that your complaint will not be considered for review if it is written in an accusatory or inflammatory manner. (use back of paper if necessary)

f) Does this incident violate either the Parents code of ethics, Players code of ethics or the Coaches code of ethics? *(please see website links for those documents)*: Yes ___ No _____

g) If Yes please describe which part of the code of ethics you believe it violates?

h) Were there any witnesses to or media evidence of this incident? If so please list their names and telephone numbers and / or supply media evidence:

Section 3. Executive Review

a) Have witnesses been contacted or media evidence reviewed? _____

b) Was there a penalty or game / practice ejection associated with this incident? _____

c) Is this complaint internal (SCMFA) or external governing body (EFOA / CDMFA)? _____

Section 4. Decision
