

Please complete the following;

Person making the co	mplaint. Circl	le one:			
	Player	Parent	Volunteer	Official	Employee
Name:					
Mailing Address:				_200	
Phone Number			E-Mail:		
Person on behalf the	complaint is m	ade: (to be completed if	f different from above)		
Name:				Relationship	
Name of person(s) ag	ainst whom yo	ou are complaining	3:		
Name:					
Title/Role			Association:		
When did the last incid	dent occur (Da	te):			
Please circle the grour	nds(s) that bes	t describes your co	mplaint:		
Type of behavior:	Conduct	Gestures	Comments		
Based on:	Race	Ethnicity	Disability	Colour	Religion
	Age	Sex	Marital	Family	
			Status	Status	
	Sexual Orientation		Pardoned Conviction		
Abuse:	Physical	Emotional	Sexual	Neglect	
Bullying:	Physical	Verbal	Relational	Reactive	

## OMAHA will not investigate reports of abuse that do not meet the definitions provided.

Provide a summary of the incidents you are complaining about. Your summary must answer the following questions.

Please limit your complaint to be no longer than 2 pages. You may attach any additional documents as necessary.

Where did the incident(s) happen?

Who was involved?

What happened?

How were you treated differently from others (if at all)?

How do the incident(s) relate to the ground(s) you selected?

Remedy / Resolutions you are seeking.