

(Please use this form for any complaint you wish to submit to the Federation, a regional association or a club located on the territory on the Province of Québec)

SECTION A – INFORMATIONS OF THE PLAINTIFF

Name of the plaintiff(s): _____ Member: Administrator Skater Coach
 Official Parent
Telephone: _____ email: _____
Skate Canada number: _____ Home Club: _____

SECTION B – INFORMATIONS OF THE PERSON AIMED BY THE COMPLAINT

I (we) wish to make a complaint against: _____ (Name of the defendant(s))
Member: Administrator Skater Coach Official Parent
Telephone: _____ email: _____
Skate Canada number: _____ Home Club: _____

For an offence under the following policy:

- Coaches Code of Ethics;
- Officials Code of Ethics;
- Club Code of Ethics;
- School Code of Ethics;
- Complaints, Suspension and Expulsion Policy;
- Harassment Policy;
- Conflict of Interest for Directors, Committee Members and Trustees Policy;
- Others (ex.Regional Association Regulations, Club Regulations or Any other offence).

Period(s) covered by the offence: _____

SECTION C- INFORMATIONS OF OFFENSE**EXPLANATION / DESCRIPTION**

Date of offense: _____ (if possible) **Location of offense:** _____ (mandatory)

Time of offense: _____ (if possible)

Nature of offense: _____

(Please give a clear and detailed description of the behaviour reproached)

Please attach all supporting documents to this form. (witness letter, e-mail, proof of assertions...)

What are your expectation regarding this complaint? _____

SECTION D – INFORMATION ON WITNESS

WITNESS

Has anyone witnessed the actions reproached by you? Have these persons accepted to testify with respect to your complaint? If so, please fill out this section:

Name of witness : _____ Member: Adm Skater Coach Off Par

Telephone : _____ email : _____

Name of witness : _____ Member: Adm Skater Coach Off Par

Telephone : _____ email : _____

Name of witness : _____ Member: Adm Skater Coach Off Par

Telephone : _____ email : _____

SECTION E – PLAINTIFF’S DECLARATION

I authorize Patinage Québec to communicate with me by e-mail. Yes No

I declare that I am in good faith and that the information contained in this Form in true. I understand that the authority in charge of managing this complaint will have the responsibility of analysing, examining and verifying the facts disclosed by me and I accept to offer my full cooperation in view of reaching a settlement.

Date

Plaintiff’s Signature

SECTION F – RESERVED TO THE AUTHORITY IN CHARGE OF THE COMPLAINT

No