WEST HILLHURST
SKATING CLUB

WEST HILLHURST SKATING CLUB COMPLAINT FORM

Internal Reporting Complaint or Dispute

Today's Date: _____

Name of Person Filing: _____

Skaters Name: _____

Phone Number: _____ Email: _____

SECTION 1: INCIDENT DETAILS

Please check that box that best describes the nature of your incident.

☐ Harassment ☐ Discrimination ☐ Retaliation ☐ Safety Violation

☐ Ethics/Policy Violation ☐ Other: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of Individual(s) Involved:

Full Name	Title

COMPLAINT FORM

Internal Reporting Complaint or Dispute

SECTION 2: DESCRIPTION OF INCIDENT

Please provide a detailed account of what occurred. Please include any specific statements, conduct or actions that were inappropriate, or a violation of club policy.

COMPLAINT FORM

Internal Reporting Complaint or Dispute

SECTION 3: WITNESSES

Please provide the name(s) of individual(s) who may have witnessed the incident.

Full Name	Title

☐ Check this box if there are no witnesses to report

SECTION 4: PREVIOUS ACTIONS TAKEN (IF ANY)

Please advise if you have previously reported this incident.

☐ No. This is my first time reporting this incident.

☐ Yes. I have previously reported this incident to:

Full Name: Date Reported:

Details:

SECTION 5: DESIRED OUTCOME/RESOLUTION

Please let us know the desired outcome you would like to see happen as a result of this report.

☐ **Mediation** ☐ **Investigation** ☐ **Training** ☐ **Disciplinary Action**

☐ **Other:** _____

COMPLAINT FORM

Internal Reporting Complaint or Dispute

SECTION 6: CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement ("Agreement") is made to ensure the privacy and integrity of the information shared as part of a complaint or incident report.

Purpose

The purpose of this agreement is to acknowledge the sensitive nature of the information disclosed and to establish expectations around confidentiality for all parties involved.

Confidential Handling

The West Hillhurst Skating Club Board of Directors will handle this matter with the highest level of confidentiality possible. Information shared in this report may be disclosed only on a need-to-know basis to:

- Investigate the incident appropriately.
- Comply with Skate Canada obligations.
- Protect the safety and rights of skaters, coaches and the organization.

Acknowledgement

By signing below, I acknowledge that:

- I am submitting this complaint/report in good faith and to the best of my knowledge.
- I understand the information I provide will be used to investigate the concern.

- I agree to maintain the confidentiality of this process to avoid retaliation, speculation, or disruption.
- I understand retaliation for filing a complaint or participating in an investigation is strictly prohibited and should be reported immediately.

No Guarantee of Complete Anonymity

While every effort will be made to protect the identity of individuals involved, complete anonymity cannot be guaranteed during an investigation, especially if specific facts or context make identification unavoidable.

Parent/Skater Signature: _____

Printed Name: _____

Date: _____