**Chiefs Hockey Club**

**Rules & Conduct Committee Complaint Form**

This document must be filled out as completely as possible and signed by the complainant of the alleged offense. All fields must be complete, unless noted otherwise. The form will not be accepted by the committee until 24 hours after the incident. Ask the Committee Chair for a Word version of this form, if desired.

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| **Name of Complainant:** |
| **Name of Accused:** |
| **Complainant’s Relationship to Accused:** |
| **Complainant’s Phone Number:** |
| **Complainant’s E-Mail Address:** |
| **Date of Incident:** |
| **Time of Incident:** |
| **Home Team** (if applicable): |
| **Visiting Team** (if applicable): |
| **Location of Incident:** |

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| **Description of Incident** (*describe in detail, use an additional page if needed*): |
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| **Witness(es)** (*first and last names required*): |
| 1. Name: Phone: Email: |
| 2. Name: Phone: Email: |
| 3. Name: Phone: Email: |
| 4. Name: Phone: Email: |
| 5. Name: Phone: Email: |
| 6. Name: Phone: Email: |
| 7. Name: Phone: Email: |
| **Complainant’s Signature:** |