



CINCINNATI JR CYCLONES YOUTH HOCKEY COMPLAINT FORM

Please note the following:

- CJC cannot guarantee complete confidentiality. The contents of this document may be shared with the entire CJC Board of Directors and/or its designee(s) to resolve this complaint. By completing the form, you agree that CJC may share some or all of this information in the process of resolving the complaint.
- Complaints will be addressed in accordance with the CJC Code of Conduct and Zero Tolerance Policies and Procedures.
- Deliver the completed form, in person or via email, to a member of the CJC Leadership Board. Complaints must be signed to be valid.

Please complete the following:

1. **Person making the complaint:** Player Parent Volunteer
 Official Employee

First Name		Last Name	
Address			
City/Town	State	Postal Code	
Telephone Number	Cell Phone Number	Email	

2. **Person on whose behalf the complaint is made:** (to be completed if different from above)

First Name		Last Name	
Relationship to Complainant			

3. **Name of person(s) against whom you are complaining:**

First Name		Last Name	
Title/Role		Name of Hockey Association	



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First Name	Last Name
Title/Role	Name of Hockey Association

4. **When did the incident(s) occur? (date):**

5. **Please check the ground(s) that best describes your complaint:**

A. Harassment

Type of behavior:

<input type="checkbox"/> Conduct	<input type="checkbox"/> Gestures	<input type="checkbox"/> Comments
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Based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Disability	<input type="checkbox"/> Color
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Sex
<input type="checkbox"/> Marital status	<input type="checkbox"/> Family status	<input type="checkbox"/> Other	

B. Abuse

Type of behavior:

<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual
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Please note: If this matter has been reported to the Police or other public or private authority (such as MidAm Hockey, Buckeye Travel Hockey League, USA Hockey, etc.), CJC may through its fact finding process determine that a suspension of the alleged offender is warranted until such time as the Police and/or other authority has concluded its investigation, after which a final determination will be made.

c. Bullying

Type of behavior:

<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal	<input type="checkbox"/> Emotional	<input type="checkbox"/> Cyber (social media)
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Day/Month/Year

Signature of Complainant*

*By signing this form, the Complainant solemnly swears and sincerely affirms that the contents of this Complaint are true and accurate.