Complaint Submission Form

Thank you for taking the time to complete this complaint submission form. Please provide as much detail as possible to help us address the matter effectively. All information submitted will be considered confidential. Please note if the complaint process proceeds, the Respondent will be notified of the complaint. We will obtain your consent prior to taking this step.

Name:	
Email:	
Phone Nu	nber:
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describe th	e incident in detail (include date, time, location, and any other rele
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Name:	
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What outcomes are you seeking in response to this complaint? (e.g., mediation, disciplinary action):
6. Classification of Incident
Do you believe this incident constitutes maltreatment? (Yes/No):
7. Request for Forwarding
If you believe the incident constitutes maltreatment, would you like the Provincial Sport Organization (PSO) to forward this complaint to the Independent Third Party (ITP) for Spor New Brunswick? (Yes/No):
Declaration
I hereby declare that the information provided in this form is true and accurate to the best of my knowledge.
Signature:
Date:
For Office Use Only
Date Received:
Reviewed By:
Actions Taken:

5. Desired Outcomes