

Team New Brunswick – Canada Games Complaint Form

Who should use this form?

Any person directly involved or the parent/guardian in the case of a minor. A representative from the sport organization

This form should be used to:

- i) File a complaint of maltreatment in accordance with the Universal Code of Conduct to Prevent and Address Maltreatment in Sport (UCCMS)
- ii) File a complaint alleging a breach of the Team New Brunswick Code of Conduct Policy.

There is no cost to use this program.

PART A – COMPLAINANT INFORMATION					
Full Name					
Complete address		City:			
		Province:	Postal code:		
Email					
Phone (primary)					
Phone (alternate)					
Age (current)					
Sport					
Are you:					
	A participant/ athlete				
	A member of the coaching staff				
	A representative of a PSO				
	Other, (please specify):				

Are you the person directly inv			nvolved in the incident		Yes 🗌	No 🗌	
Are you choosing to be repre			esented by another person?		Yes 🗌	No 🗌	
If yes, p	f yes, please provide contact details for your representative.						
			REPRESENTATIVE				
Full Na	Full Name						
Complete Address							
		City:					
	Pro		nce:	Postal co	de:		
Email							
Phone	(primary)						
Phone	(alternate)						
PART	B – RESPOND	ENT INF	ORMATION				
	- '-		rmation as possible, if there are i	more than	three (3) respo	ondents,	
please	e attach additio	nal det	ails to this form.				
			RESPONDENT #1:				
Full Na	ame						
Compl	lete Address		City:				
l			Province:	Posta	Postal code:		
Email							
Phone	Phone (primary)						
Phone	(alternate)						
Age (current)							
Sport (if applicable)							
	A participant/	athlete	1				
	A member of	the coa	ching staff				
	A representative of a PSO						
	Other, (please specify):						
Is this respondent aware of this							

RESPONDENT #2:					
Full Name					
Complete Address					
		City:			
		Province:	Postal code:		
Email					
Phone	e (primary)				
Phone	e (alternate)				
Age (current)				
Sport	(if applicable)				
	A participant/ athlete	A participant/ athlete			
	A member of the coad	ching staff			
	A representative of a	PSO			
	Other, (please specify):			
Is this	respondent aware of t	his complaint?	Yes No No		
		RESPONDENT #3:			
Full N	ame	RESPONDENT #3:			
Full N	ame	RESPONDENT #3:			
	ame lete Address	RESPONDENT #3: City:			
			Postal code:		
	lete Address	City:	Postal code:		
Comp	lete Address	City:	Postal code:		
Comp Email	lete Address	City:	Postal code:		
Comp Email Phone	e (primary)	City:	Postal code:		
Email Phone Phone Age (d	e (alternate)	City:	Postal code:		
Email Phone Phone Age (d	e (primary) e (alternate)	City: Province:	Postal code:		
Email Phone Phone Age (d	e (primary) e (alternate) current) (if applicable)	City: Province:	Postal code:		
Email Phone Phone Age (d	e (primary) e (alternate) current) (if applicable) A participant/ athlete	City: Province:	Postal code:		
Email Phone Phone Age (d	e (primary) e (alternate) current) (if applicable) A participant/ athlete	City: Province: Ching staff PSO	Postal code:		

PART C – DETAILS OF THE COMPLAINT						
Please provide as muc	h information as possible.					
	PLEASE CATEGORIZE THE COMPLAINT:					
	Complaint of maltreatment in accordance with the Universal Code of Conduct to Prevent and Address Maltreatment in Sport (UCCMS)					
Complaint alleg	ing a breach of the Team New Brunswick Code of Conduct Policy					
3 3	ncident(s), please add multiple dates if applicable (mm/dd/year). If there are d spaces, please attach additional details to this form.					
more than the anotted	2 Spaces, pieuse actuen additional dectans to this form.					
Please outline what happened in chronological order. If you have listed more than one respondent, please identify to which respondent you are referring.						

Did anyone w	itness the alleged incident?	Yes 🗌	No 🗌	
If there are m	ore than three (3) witnesses, please attach additional deta	ails to this form	ı .	
	WITNESS #1:			
Full Name				
Email				
Phone				
Has the witne	ess agreed to be part of this complaint?	Yes 🗌	No 🗌	
	Witness #2:			
Full Name				
Email				
Phone				
Has the witne	ess agreed to be part of this complaint?	Yes 🗌	No 🗌	
	Witness #3:			
Full Name				
Email				
Phone				
Has the witne	ess agreed to be part of this complaint?	Yes 🗌	No 🗌	
If possible, please outline the particular section of the UCCMS and/or the Team New Brunswick Code of Conduct Policy. that you feel has been breached.				

Has the complaint been heard through another formal process**?						
Arbitration/Mediation	_					
National Sport Organization	National Sport Organization (NSO) Mechanism					
☐ Directly to PSO	Directly to PSO					
Other (Please specify):						
** If the complaint was heard througons the complaint.	gh an	other formal complaint process, yo	ou cannot sub	mit the same		
Do you have any other supporting your complaint? (e.g. photos, ema If so, please attach the when subm	ils, s	ocial media posts or other data).	Yes 🗌	No 🗌		
	REPO	ORTING OF LEGAL MATTERS				
If applicable, has this complaint be authorities?	een r	eferred to proper legal	Yes 🗌	No 🗌		
If applicable, do you intend on refeauthorities?	errin	g this matter to legal	Yes 🗌	No 🗌		
reference number or authority conta any legal and/or private documents. PART E — DECLARATION		formation when emailing this form	ı — please do	not include		
I hereby declare that the information I have provided in this complaint is true and correct to the best of my knowledge. I accept that the complaint will be shared with the respondent(s). I accept that the information provided may be used and disclosed to the proper legal authorities and arbitrators/mediators for the purposes of this program.						
Full name of complainant						
Date						
Signature of complainant (parent/guardian where appropria	ate)					
Please submit this complaint to teamnb@gnb.ca						
PART F – FOR INTERNAL USE ONLY						
Complaint Reference Number						
Date complaint was received						