



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 :			
<input type="checkbox"/>			
<input type="checkbox"/>	A participant/ athlete		
<input type="checkbox"/>	A member of the coaching staff		
<input type="checkbox"/>	A representative of a PSO		
<input type="checkbox"/>	Other, (please specify):		

Are you the person directly involved in the incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you choosing to be represented by another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide contact details for your representative.

REPRESENTATIVE	
Full Name	
Complete Address	
	City:
	Province: <input type="text"/>
Email	
Phone (primary)	
Phone (alternate)	

PART B – RESPONDENT INFORMATION
Please provide as much information as possible, if there are more than three (3) respondents, please attach additional details to this form.

RESPONDENT #1:		
Full Name		
Complete Address		
	City:	
	Province: <input type="text"/>	Postal code: <input type="text"/>
Email		
Phone (primary)		
Phone (alternate)		
Age (current)		
Sport (if applicable)		
<input type="checkbox"/>	A participant/ athlete	
<input type="checkbox"/>	A member of the coaching staff	
<input type="checkbox"/>	A representative of a PSO	
<input type="checkbox"/>	Other, (please specify):	
Is this respondent aware of this complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RESPONDENT #2:		
Full Name		
Complete Address		
	City:	
	Province:	Postal code:
Email		
Phone (primary)		
Phone (alternate)		
Age (current)		
Sport (if applicable)		
<input type="checkbox"/>	A participant/ athlete	
<input type="checkbox"/>	A member of the coaching staff	
<input type="checkbox"/>	A representative of a PSO	
<input type="checkbox"/>	Other, (please specify):	
Is this respondent aware of this complaint?		Yes <input type="checkbox"/> No <input type="checkbox"/>

RESPONDENT #3:		
Full Name		
Complete Address		
	City:	
	Province:	Postal code:
Email		
Phone (primary)		
Phone (alternate)		
Age (current)		
Sport (if applicable)		
<input type="checkbox"/>	A participant/ athlete	
<input type="checkbox"/>	A member of the coaching staff	
<input type="checkbox"/>	A representative of a PSO	
<input type="checkbox"/>	Other, (please specify):	
Is this respondent aware of this complaint?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Did anyone witness the alleged incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If there are more than three (3) witnesses, please attach additional details to this form.			
WITNESS #1:			
Full Name			
Email			
Phone			
Has the witness agreed to be part of this complaint?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
WITNESS #2:			
Full Name			
Email			
Phone			
Has the witness agreed to be part of this complaint?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
WITNESS #3:			
Full Name			
Email			
Phone			
Has the witness agreed to be part of this complaint?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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?**

<input type="checkbox"/>	Arbitration/Mediation
<input type="checkbox"/>	National Sport Organization (NSO) Mechanism
<input type="checkbox"/>	Directly to PSO
<input type="checkbox"/>	Other (Please specify):

** If the complaint was heard through another formal complaint process, you cannot submit the same complaint.

Do you have any other supporting documents or files to include with your complaint? (e.g. photos, emails, social media posts or other data). If so, please attach the when submitting your complaint.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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REPORTING OF LEGAL MATTERS		
If applicable, has this complaint been referred to proper legal authorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If applicable, do you intend on referring this matter to legal authorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that the Team New Brunswick leadership team have a “duty to report” if the alleged complaint deals with maltreatment. If reported to proper legal authorities, please provide report reference number or authority contact information when emailing this form — please do not include any legal and/or private documents.

PART E – DECLARATION

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 appropriate)	

Please submit this complaint to teamnb@gnb.ca

PART F – FOR INTERNAL USE ONLY	
Complaint Reference Number	
Date complaint was received	