

Region 147 Complaint Form

Your Name:	Date and time of occurrence:
Location (if applicable):	
Your address:	Your phone number and e-mail address
Child's name (if involved in complaint):	Child's team name (if involved in complaint):
Please list anyone that may have witnessed anything relating to the complaint or who is aware of the nature of the complaint (attach more paper if necessary):	
Please explain what the complaint is (attach more paper if necessary):	
Is there a specific outcome you would like to see, as a result of your complaint?	

Region 147 will attempt to resolve all complaints received within an appropriate time frame.