

**Curling NB**

**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.

1. **Complainant Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Description of Incident**

Please describe the incident in detail (include date, time, location, and any other relevant information):

1. **Respondent Information (if known)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email or Contact Information (if available**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Additional Context**

Were minors involved in this incident? (Yes/No): \_\_\_\_

Have authorities been contacted about this incident? (Yes/No): \_\_\_\_

If yes, please provide details (e.g., police report number, agency contacted):

Has this matter been heard by another organization or body? (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide details (e.g., name of organization, date of hearing, outcome)

1. **Desired Outcomes**

What outcomes are you seeking in response to this complaint? (e.g., mediation, disciplinary action):

1. **Classification of Incident**

Do you believe this incident constitutes maltreatment? (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Forwarding**

Please note Curling NB retains the discretion to forward the complaint to the ITP (Independent Third Party) should they feel it appropriate to do so.

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_