



Kindersley Minor Sports Incident/Complaint Report



Person or Organization Name being reported: _____

Place of the Incident/Complaint (if available): _____

Incident/Complaint Date: _____

Please check which option you believe is the best to describe the incident/complaint:

- _____ Constitution Violation (please provide which Constitution section in the description)
- _____ Zero Tolerance Policy for Violence and Anti-Social Behaviour in Municipal Facilities within the Town of Kindersley
- _____ Other (Please provide information in the description)

Please describe the incident/complaint (please use the back of this paper if needed for this section):

✂ -----

Name: _____ Phone #: _____

Signature: _____ CHECK THIS BOX IF YOU WANT YOUR NAME TO BE KEPT PRIVATE.

Please seal this form in an envelope and title it ATTN: Complaints Coordinator. Then drop off this form at the Kindersley Minor Sports Office located at the West Central Events Centre or mail to: Kindersley Minor Sports, Box 2487, Kindersley SK, S0L 1S0.

Important Note: The KMS Complaints Coordinator is bound to a confidentiality agreement, that ensures your name will not be shared, if you check the box asking for your name to be kept private. Once this form is submitted, it will be cut on the dotted line to protect your privacy.