

Mosinee Youth Hockey Parent/Guardian Complaint Form

Please complete the form below to file a written complaint. Return the completed form to the ACE coordinator. Within ten business days of the receipt of this form, a meeting will be set-up with you, the ACE Coordinator and members of the hockey development committee to address all concerns listed below.

Players Name: _____ Team _____

Parent / Guardian Name: _____

Telephone Number(s): _____

Name of the person(s) about complaint: _____

Details of the complaint (attach any appropriate supporting documents):

Name of individuals with information about the circumstances of the complaint:

_____ Phone number: _____

_____ Phone number: _____

Details of the attempt to informally resolve the complaint:

Parent Statement of Specific Desired Remedy:

I declare that I have made true, correct and complete answers and statements on this complaint form and/or any attachment to this complaint.

Parent Signature: _____ Date: _____

Received by: _____ Date: _____