



## OVA Incident/Complaint Report Form

Please complete this form for complaints, minor infractions, major infractions, incidents (threats, fighting, property damage, verbal abuse, law enforcement summoned, etc), breach in OVA code of conduct, etc.

|   |                  |   |   |
|---|------------------|---|---|
| <b>AFFECTED PARTY/PARTIES</b><br><input type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Tournament Director <input type="checkbox"/> Spectator <input type="checkbox"/> Teams |                  |   |   |
| Other: _____  |                  |   |   |
| <b>TYPE OF REPORT</b><br><input type="checkbox"/> Incident<br><input type="checkbox"/> Complaint  |                  |   |   |
| <b>First Name</b>   |                  | <b>Last Name</b>                        |   |
|   |                  | <b>Gender</b><br>Male<br>Female         |   |
| <b>Phone Number</b><br>(   )  |                  | <b>Contact Email</b>                    |   |
| <b>Street Address</b>   |                  | <b>City</b>                             | <b>Province</b>   |
|   |                  |   | <b>Post Code</b>  |
| <b>Team # 1</b>   | <b>Club Name</b> | <b>Coach's Name (First &amp; Last)</b>  | <b>Coach's Phone Number</b><br>(   )  |
|   |                  |   |   |
| <b>Team # 2</b>   | <b>Club Name</b> | <b>Coach's Name (First &amp; Last)</b>  | <b>Coach's Phone Number</b><br>(   )  |
|   |                  |   |   |
| <b>GUARDIAN/PARENT (if affected party is a minor):</b>  |                  |   |   |
| <b>First Name</b>   |                  | <b>Last Name</b>                        |   |
|   |                  | (   )                                   |   |
| <b>Address</b>  |                  | <b>City</b>                             | <b>Province</b>   |
|   |                  |   | <b>Post Code</b>  |
| <b>INCIDENT/COMPLAINT INFORMATION</b>   |                  |   |   |
| <b>Date of Incident:</b><br>(mm/dd/yyyy)  |                  | <b>Age Division:</b><br>(If applicable) | <b>Gender: (If applicable)</b><br><input type="checkbox"/> Girls<br><input type="checkbox"/> Boys |
|   |                  |   | <b>Time of Incident:</b><br>AM/PM   |
| <b>NAME AND ROLE OF PERSON REPORTING THE INCIDENT/COMPLAINT</b>   |                  |   |   |
| <b>First Name</b>   |                  | <b>Last Name</b>                        |   |
|   |                  | <b>Position/Title:</b>                  |   |
| <b>Telephone Number:</b><br>(   )   |                  | <b>Email Address:</b>                   |   |
|   |                  |   |   |
| <b>Where incident occurred (before competition/event, parking lot, on court, hallway, change room, bleachers, team practice, etc.)</b>  |                  |   |   |
|   |                  |   |   |

Please describe the incident/complaint in detail (club complaint, coach complaint, struck by falling/flying object, slip/fall, physical assault, verbal assault, property damage, financial discretions, etc.). Please use additional paper if required.

Please include names of persons being complained about for the OVA to begin the discipline and complaints process. If no names are provided, the OVA cannot move forward.

If you are reporting an incident, what action was taken on site (accused removed from competition site, team forfeited, coach ejected from match, coach removed from club, etc.)?

Law enforcement Notified/Police Report Filed:  Yes  No

If yes:

Name of Agency: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Report Number: \_\_\_\_\_

Property Damage Description (if applicable):

Property Damage Estimated Value (if applicable):

**WITNESS INFORMATION - Confidential**

Please complete this section if you have witnesses that are willing to submit a written account of the incident and if they consent to testify at an OVA Discipline Hearing. Please attach any written witness accounts to this form.

| Name (First & Last) | Address | Telephone Number | Email Address |
|---------------------|---------|------------------|---------------|
|                     |         |                  |               |
|                     |         |                  |               |

- I verify that the above statements and information submitted are true.
- I give consent to pass this information along to the Discipline and Complaints Review panel.
- I give consent to participate a Discipline Hearing and in a follow up interview, if required.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submission Requirements:**

Any OVA Member may report to the OVA Head Office any complaint of an infraction by a Member. Such a complaint must be signed and in writing, and must be filed within fourteen (14) days of the alleged incident. Anonymous complaints may be accepted at the sole discretion of the OVA's Executive Director or designate, or the Case Manager.

A Complainant wishing to file a complaint beyond the fourteen (14) days must provide a written statement giving reasons for an exemption to this limitation. The decision to accept, or not accept, the notice of complaint outside the fourteen (14) day period will be at the sole discretion of the OVA. This decision may not be appealed.

Upon receiving a complaint, the OVA will assign a Case Manager within seven (7) days to oversee the management and administration of the submitted complaint.

The Case Manager will inform the Parties if the incident is to be dealt with as a minor or major infraction and the matter will be dealt with according to the applicable sections of this Discipline and Complaints Policy relating to minor or major infractions.

For more information on the Discipline and Complaints policy, please view the document online at [www.ontariovolleyball.org](http://www.ontariovolleyball.org) > About the OVA > OVA Policies.

Please submit this report to the OVA Head Office at [info@ontariovolleyball.org](mailto:info@ontariovolleyball.org).

**FOR OVA OFFICE USE ONLY**

|                                       |  |                              |
|---------------------------------------|--|------------------------------|
| Date Report Received:<br>(mm/dd/yyyy) | Report Copied to:<br><input type="checkbox"/> Case Manager | Date Sent to Case Manager:   |
| Office Action Taken:                  | <input type="checkbox"/> Suspension Letter Filed           | Date Suspension Letter Sent: |