

# Club de Natation Bleu et Or (CNBO)

## APPENDIX A

### Formal Complaint Form

**Note:** Please attach additional documents if space is insufficient or to provide additional information to the complaint.

#### 1. Identification of the Complainant

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

Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Email : \_\_\_\_\_

My relationship to CNBO: \_\_\_\_\_

I am (check):  Victim  Witness  Other : \_\_\_\_\_

I wish to file a formal complaint under the mechanisms provided in the applicable procedure to report (check):

- |   |  |
|---|--|
| <input type="radio"/> Discrimination;               | <input type="radio"/> Retaliation/revenge; |
| <input type="radio"/> Intimidation, Bullying;       | <input type="radio"/> Criminal offences;   |
| <input type="radio"/> Harassment;                   | <input type="radio"/> Abuse of power;      |
| <input type="radio"/> Sexual harassment;            | <input type="radio"/> Use of force;        |
| <input type="radio"/> Verbal, mental, sexual abuse; | <input type="radio"/> Vandalism;           |
| <input type="radio"/> Other: _____                  |  |

#### 2. Identification of the respondent(s)

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

Respondent's relationship to CNBO: \_\_\_\_\_

#### 3. Description of the complaint

When did the situation begin: \_\_\_\_\_ Date of last incident: \_\_\_\_\_

Summary of events, name witnesses: \_\_\_\_\_

Consequences for the complainant: \_\_\_\_\_

Did you notify the respondent:  Yes  No *Date of notification :* \_\_\_\_\_

Did you take any other action to resolve the situation:  
 Yes *Date:* \_\_\_\_\_  
 No *If yes, state actions taken:* \_\_\_\_\_

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Did you ask a member of the coaching staff or board to intervene:

- Yes      *Date of notification:* \_\_\_\_\_  
 No      *If yes, who was notified:* \_\_\_\_\_

To your knowledge, have others experienced a similar situation with the respondent:     Yes     No

Solution sought: \_\_\_\_\_

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## 4. Declaration of the complainant

I understand that my complaint will be treated confidentially and I agree not to communicate any information about it to anyone during the process (except my representative).

I authorize the persons representing me in the handling of this complaint to inform the respondent of the content of the complaint.

I declare that the information provided in this form is true and describes in good faith and to the best of my knowledge the events that gave rise to this complaint. I certify that I have made this statement freely and voluntarily.

I understand that CNBO may sanction a complainant if it is shown that the complaint is frivolous, vexatious, misleading, or made in bad faith, including for the purpose of causing harm to others.

I agree to inform the Conduct Committee immediately if I wish to withdraw my complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(in the case of a minor complainant)

\_\_\_\_\_  
Date

## 5. For use by CNBO representative only

Name of the representative who received the filing of this complaint: \_\_\_\_\_

Date complaint received: \_\_\_\_\_

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

Date complaint was submitted to the Conduct Committee: \_\_\_\_\_