



# FERGUS FALLS HOCKEY ASSOCIATION INCIDENT REPORT/ COMPLAINT FORM

Your name: \_\_\_\_\_

Report Date: \_\_\_\_\_ Time: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_

Persons involved (please list first and last names if known):

\_\_\_\_\_

What is your complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Completing this Report: \_\_\_\_\_

**\*\*\*The Fergus Falls Hockey Association will take this Complaint seriously and investigate it to the fullest. However, The Association is not obligated to provide any outcomes of the investigation or consequences, if any are determined.**

\_\_\_\_\_

Received by President Date: \_\_\_\_\_

Sent to \_\_\_\_\_ Date: \_\_\_\_\_

Follow up \_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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