



HARASSMENT COMPLAINT INITIATION FORM 2020

To initiate a harassment complaint, please complete and submit this form to the Chief Executive Officer. E-mail: mspencer@rugbyontario.com

1. Complainant's Information

SURNAME	GIVEN NAME(S)
AGE & GENDER	COMPLAINANT'S CLUB (IF APPLICABLE)
CONTACT E-MAIL ADDRESS	CONTACT TELEPHONE NUMBER
PARENTS/GUARDIAN NAME (IF COMPLAINANT IS UNDER THE AGE OF 18):	

2. Preliminary Details of the Complaint:

Individuals named in this complaint (if known): Club or other Rugby Organization named in this complaint (if known):

Date(s) and location(s) of the event(s) at which the incident(s) occurred:
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Type(s) of Harassment (please circle those that are applicable): Verbal: Physical: Sexual: Other: Additional Details (optional):

Do you consent to being contacted on a confidential basis by a Provincial Harassment Officer designated by the Rugby Ontario Office? YES / NO

If YES, you will be contacted within 5 business days of this form being received in the Rugby Ontario Office.

DATE	SIGNATURE OF INDIVIDUAL FILING THIS FORM	PRINTED NAME
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Note: To maintain confidentiality, it is strongly recommended that the incident should only be discussed with those who need to know.