

# Dispute Resolution Form: 2023

(To be used for complaints Filed)

Approved by: KMFA Board, March 1, 2023

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Have you honoured the 24-hour rule?  YES  NO (if no, please wait 24 hours before proceeding)

## Complainant Information

Name of Individual filing \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

In what capacity are you a member of Kelowna Minor Football Association?

Coach  Board Member  Manager  Parent  Player  Volunteer

Other \_\_\_\_\_

What team are you associated with?  Atom (u10)  Pee wee (u12)  JB (u14)  Bantam (u16)

Other \_\_\_\_\_

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## Incident Information

Date and Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

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## Complaint Information

Complaint is being filed against \_\_\_\_\_ (Respondent)

In what capacity is the Respondent a member of Kelowna Minor Football Association?

Coach  Board Member  Manager  Parent  Player  Volunteer

Other \_\_\_\_\_

KELOWNA MINOR FOOTBALL ASSOCIATION: DISPUTE RESOLUTION FORM

Were there other parties directly involved in the incident?  Yes  No

If yes, please input their information below

#1 Name \_\_\_\_\_ Cell \_\_\_\_\_

#2 Name \_\_\_\_\_ Cell \_\_\_\_\_

#3 Name \_\_\_\_\_ Cell \_\_\_\_\_

Was there a witness to the incident?  Yes  No

If yes, please input their information below

#1 Name \_\_\_\_\_ #2 Name \_\_\_\_\_

#1 Cell \_\_\_\_\_ #2 Cell \_\_\_\_\_

#1 Signature \_\_\_\_\_ #2 Signature \_\_\_\_\_

**Description of Event(s) or Incident(s)**

Please include circumstances leading up to the event(s), the specifics around the incident(s), and the situation upon dispersal.

Large empty rectangular box for describing the event or incident.

KELOWNA MINOR FOOTBALL ASSOCIATION: DISPUTE RESOLUTION FORM

Please use back of form for more space

I declare, to the best of my knowledge, that the information in this complaint is accurate and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the complainant is a minor when the complaint is filed, this form must be co-signed by the minor’s parent or legal guardian. Declaration of the co-signer “I have read and completed the complaint form and understand that the information contained in this complaint is accurate and correct”

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit your complaint form to your team manager or board member. The form will be submitted to the Dispute Resolution Committee and our resolution process will begin. If you would like more details of our resolution process, please visit our website and view our Resolution Procedure.

Manager/ Board Member received on \_\_\_\_\_ Time \_\_\_\_\_

Received by \_\_\_\_\_ Submitted to \_\_\_\_\_

Board Member Resolution Committee Use Only

Complaint Received on \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Date of contact and confirmation with respondent \_\_\_\_\_

Resolution Committee Members Involved

#1 Name \_\_\_\_\_

#2 Name \_\_\_\_\_

#3 Name \_\_\_\_\_

Complaint resolved  Yes  No Date \_\_\_\_\_

Will those go to a KMFA Board Vote?  Yes  No

If yes, results of vote \_\_\_\_\_

\_\_\_\_\_

Description of how the complaint was resolved.

ASSOCIATION

Notification of Resolution sent to:

Complainant Date and Time \_\_\_\_\_

Respondent Date and Time \_\_\_\_\_

Signature Resolution Committee \_\_\_\_\_

Signature Resolution Committee \_\_\_\_\_

Signature Resolution Committee \_\_\_\_\_