



SUSC
Box 30070
Saskatoon, Sk S7L 7M6
(306) 384-7872

Harassment, Abuse and Bullying Complaint

Date: _____

Complainant information:

1st contact

2nd contact

Name _____

Name _____

Email _____

Email _____

Home phone # _____

Home phone # _____

Cell# _____

Cell# _____

Player Information:

Name _____

Team _____ division ____ M / F

Coach _____

“Alleged Abuser” information:

Name _____

Player; Coach; Assistant Coach; Manager; Parent; other _____

“Alleged Abuse” information:

Date of incident: _____

Time of incident: _____

Place of incident: _____

