



**BC Athletics Complaint Submission Form
Private and Confidential**

Instructions for completing this form:

Please ensure that you fill out the form accurately, attach any supporting documentation you may have and upon completion of the form, please email directly to the Commissioner’s Office (commissioner@athleticscommissioner.ca)

Complainant Information

First Name	Last Name
Telephone Number	Alternative Telephone Number
Email	Address

Please provide as much contact information as you have.

Details of Person(s) Involved in the Complaint

Person 1		
First Name		Last Name
Telephone Number	Alternative Telephone Number	Email
<input type="checkbox"/> Respondent (alleged to have engaged in wrongdoing) <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____		
Person 2		
First Name		Last Name
Telephone Number	Alternative Telephone Number	Email
<input type="checkbox"/> Respondent (alleged to have engaged in wrongdoing) <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____		

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Complaint Details

Include dates, times, and specific details of the complaint. Attach additional pages if necessary.

Complainant Signature: _____

Date: _____