



This form is to be used when filing a complaint about an individual member of BC Archery, regarding an alleged violation of the BC Archery Code of Conduct. This is a 2-page form. Please complete in full and submit to the address and/or email on page 2.

Section 1: Person Filing the Complaint (*the Complainant*)

Full Name:		Date of Filing:	
Mailing address:		City, Province:	Postal Code:
Phone number (day):	Phone number (evening):	Member Club:	
Email:			
Parent / Guardian Submission: Is This Complaint Being Made on Behalf of a Minor? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the name and age of the minor:			

Section 2: Person Against Whom the Complaint is Being Made (*the Respondent*)

Name:			
Mailing Address:		City, Province:	Postal Code:
Phone number (day):	Phone number (evening):	Member Club:	
Email:			
Is the Person Against Whom the Complaint is Being Filed a Minor? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Known, Name of Parent or Guardian of This Minor:			

Section 3: The Complaint: Describe the incident(s) of misconduct in detail, including dates, locations and other pertinent information. Include the name of witnesses and their contact info if applicable (attach additional pages if necessary)



Section 3 continued

Is any supporting documentation available? If yes, please specify and attach to the complaint submission.

Please outline any additional information that would be helpful in proceeding with this complaint.

Submit the completed Complaint Form and any attachments to:

Mail: BC Archery
Box 464
Oliver, BC V0H 1T2

Or Email: execdirector@bcarchery.ca

BC Archery Internal Tracking

Date received:	Date acknowledged:	Acknowledged by: (name)	Further information sought? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is Complaint Complete? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date Complete: If not complete on submission – advice the Complainant as to what is still required and any deadlines to complete the submission <input type="checkbox"/> Yes	
Date of Notification of Complaint to Respondent:			
Date of Investigation Initiated (if applicable):		Date Investigation Completed:	
Date of Complaint (and Investigation Report if applicable) Submission to Discipline Committee:			
Date of Hearing (if applicable):			
Date of Response to Complainant and Respondent: (attach response letter to file)			
Appeal Submitted by Respondent? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Appeal Hearing: (if applicable, attached Appeal response letter to file)	
Date File Closed:		File Closed By: (name)	