

DATE AND TIME OF OCCURRENCE: _____

LOCATION: _____

INJURED OR AGGRIEVED PARTY REQUEST: _____

DESCRIBE THE CONTEXT OF THE DISCLOSURE (where it occurred, other people who listened)

PERSON(S) RECEIVING DISCLOSURE:

Print Name: _____ Signature: _____

Address: _____ City: _____

Post. Code: _____ Phone #: _____

Position: _____ Date: _____

Observations: _____

Contact the Ayr Minor Hockey Association – Harassment and Abuse Contact and advise him of this report.

The Ayr Minor Hockey Association
Harassment and Abuse Contact is

Jim Richard

519-632-9671