

# CHEYENNE CAPITALS YOUTH HOCKEY ASSOCIATION (CCYHA)

## CONDUCT VIOLATION AND GRIEVANCE FORM

ATTACH ALL RELEVANT DOCUMENTATION TO THIS FORM

### PERSON REPORTING VIOLATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_

### DISCIPLINE DIRECTOR

Directors Name: \_\_\_\_\_

Association: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_

Date Reported: \_\_\_\_\_

### DESCRIPTION OF FORMAL CONDUCT VIOLATION

Participant(s) charged: \_\_\_\_\_

Code of Conduct Violation: ☐ Describe Violation: \_\_\_\_\_

#### Zero Tolerance Class 3 Violation

Bullying: ☐ Threats: ☐ Hazing: ☐ Sexual Abuse: ☐ (authorities been notified ☐ Yes ☐ No)

Harassment: ☐ Drug, Alcohol or Tobacco Use: ☐ Physical Abuse: ☐ Emotional or Verbal Abuse: ☐

Date(s) of Violation: \_\_\_\_\_

Location(s) of violation: \_\_\_\_\_ Time(s) of violation: \_\_\_\_\_

Other person(s) involved: \_\_\_\_\_

Witness to violation: \_\_\_\_\_

Describe in detail the violation; use a separate sheet of paper if more space is needed. Also attach additional proof or other people's statements of the conduct code violation charge. \_\_\_\_\_

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### COOLING OFF PERIOD

Was 24 hour "Cooling Off" period observed? ☐ Yes ☐ No **Level 3 Violation** ☐

If no and not a Level 3 Violation, please explain. \_\_\_\_\_

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### NOTIFICATION – COACH, TEAM MANAGER OR MANAGER LIAISON

If the coach is part of the issue the next contact shall be the Team Manager, Manager Liaison, Discipline Chair or SafeSport Director.

Was the Coach(s), Team Manager, or Manager Liaison informed of the violation? ☐ Yes ☐ No

If yes, please give the date and time of notification: \_\_\_\_\_

If no, please explain. \_\_\_\_\_

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Was the response positive? ☐ Yes ☐ No

Please explain response and outcome. \_\_\_\_\_

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I have determined that additional action is needed and a Formal Grievance is required. ☐ Yes ☐ No