



ONTARIO MINOR HOCKEY ASSOCIATION

25 Brodie Drive, Unit 3, Richmond Hill, Ontario L4B 3K7
Tel: (905) 780-OMHA Fax: (905) 780-0344

HARASSMENT AND ABUSE DISCLOSURE REPORT

Date: _____ Centre: _____ OMHA Office File No: _____

Youth's Name: _____ Birth date: _____ Sex: _____

Team: _____

Address: _____ City/Town: _____ Postal Code: _____

Parent/Guardian Name: _____ Phone Number: _____

1. Alleged Offender: _____ Phone : (If Available) _____

Address: _____ City/Town: _____ Postal Code: _____

2. Alleged Offender: _____ Phone : (If Available) _____

Address: _____ City/Town: _____ Postal Code: _____

DESCRIBE WHAT THE YOUTH OR WITNESS SAID: (record facts and statements, not interpretations.)
(Attach additional pages and/or documents, notes, letters etc. or use reverse side.)

Date of Occurrence: _____ Location: _____

Injured of 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/Town: _____ Postal Code: _____

Phone Number: _____ Position: _____ Date: _____

Observations: _____