

Barberton Youth Soccer

Complaint Form

Date of Complaint: _____

Date of Incident: _____

Time of Incident: _____

Game or Practice: _____

Coach: _____

Is this a one time issue or reoccurring issue: One Time Reoccurring
If reoccurring, how many times has this same issue happened within this season: _____

Would you like to be present for any meeting held regarding this issue: Yes No

(Please understand that if you say yes, that does not guarantee that we would ask you to be present, it is just stating that you would like to be)

Please try to be as detailed as possible with the following information below, if you need extra room you can attach a separate sheet of paper when returning it to me. **Do not send via mail to PO Box**

Name of Person Issue is Regarding: _____

Details of Issue:

What would you like to see happen to resolve issue:

Office Use Only:

Date Received Complaint Form: _____

Follow Up Date: _____

Is Further Action By Board Required: _____

Resolved Date: _____

Comments: