



BROCKVILLE SOCCER CLUB

COMPLAINT FORM

Please fill out and send via email to: brockvillesoccer@bell.net.

1. NAME OF THE COMPLAINANT: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

2. WHAT IS THE COMPLAINT RELATED TO: _____

3. THE COMPLAINANT ALLEGES THE FOLLOWING (Describe the circumstances, incident or events, provide evidence and factual details, supporting documents and witness statements may be attached. Please type or print clearly. If more space is needed please attach another page):

4A) NAME AND ADDRESS OF ANY WITNESSES PROVIDING WITNESS STATEMENTS (If there are more than one witness please provide contact information and their witness statement):

NAME: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

B) PLEASE LIST THE ATTACHED DOCUMENTS YOU ARE SUBMITTING: _____

I certify that the foregoing information is correct to the best of my knowledge and I believe the events described above constitute a valid complaint within the jurisdiction of the policies of the Brockville Soccer Club. I understand that once the Brockville Soccer Club deals with this complaint and makes a decision in the matter, the decisions are final and binding on all parties involved in the case.

Signature of Complainant:

Date: Day/Month/Year

5) ACTION TAKEN BY BOARD (if required):

Board members involved in action: _____

6) Outcome of Action: _____

Board Signatures

Date

Signature of Complainant

Date

Signature of Guardians

Date