



Complaint Form



Completion of this form is not required to formally initiate a complaint; however, completing this form will assist the review process. When completed please return it to the Etobicoke Youth Soccer Club. You will be contacted within the next 72 hours. Thank you.

Information about Complainant

Last Name	First Name	Home Telephone Number	Cell Telephone Number
Mailing Address		Email Address	

Incident Details

Date of Incident (Month, Day, Year)	Location of Incident	Event (Match/Practice/Other)	
Complaint / Concern Against: Full Name, Position	Status: Please Circle		
	Coach Manager Referee Convenor		
	Parent Spectator Other _____		
Witness #1 (Full Name, Position, Contact Information)	Witness #3 (Full Name, Position, Contact Information)		
Witness #2 (Full Name, Position, Contact Information)	Witness #4 (Full Name, Position, Contact Information)		
Emergency Responders Notified: Names, Dates and Times	Etobicoke Youth Soccer Club Officials Notified? Yes / No Names, Dates and Times		

Description of Complaint

Please keep to facts only. Use dates and times. Use additional sheets as necessary.

See back of page

Description of Incident con'd...

OFFICE USE ONLY

Date Received

Time Received

Follow up – Assigned to EYSC Official _____ (list below)

Date and Time of Assignment