

Portage Youth Basketball



COMPLAINT FORM

Your Name _____

Date of Report _____

Concern with _____ Fan
_____ Player
_____ Coach _____ Name

1. When and where did the incident occur? (day, date, time)

2. Tell what happened. This will include the facts that make you believe a violation has occurred. Be complete. (continue on the back of this page if necessary)

3. List the person or people involved and their behaviors or actions.

4. List any people you believe were witnesses to the concern.

Signature _____

Action taken:

- _____ 1. Verbal warning – Date _____ by whom _____
_____ 2. Written warning via registered mail
_____ 3. Game suspension
_____ 4. Season suspension

Please mail your completed form to:

Portage Youth Basketball
PO Box 723
Portage, WI. 53901