Centerburg Trojan Soccer Club Official Complaint Form

Date Submitted:

 Complaint by:

 Status/Official Position (President, Coach, Parent, etc.):

 Phone Numbers:

 E-mail:

Mailing Address:

Please summarize the complaint/violation and the relevant Centerburg Trojan Soccer Club governing Parent, Player, and/or Coach Code of Conduct, Constitution, or Bylaw alleged to have been violated. If additional space is needed, you may attach additional pages.

Name of alleged violator(s):

Alleged violator’s phone number (if available):

E-mail (if available):

In order to state a valid complaint, you must specify in reasonable detail all relevant factual allegations (e.g. persons involved, locations of events, chronology of events, etc.) of which you have personal knowledge. You may attach additional pages. Unspecified allegations based on hearsay generally will not be sufficient.

Name of Witness, Status/Title (administrator, coach, parent), Phone Number:

PLEASE ATTACH SUPPORTING DOCUMENTS Examples: letters, match report, e-mail, Referee report, etc.

Mail to: Email: Centerburgsoccer@gmail.com

 Address: Centerburg Trojan Soccer Club, P.O. Box 502 Centerburg, Ohio 43011

Office Use Only. Do not write below this line.

Secretary and Complainant Representative:

I verify this complaint being filed against Centerburg Trojan Soccer Club will be brought before the Board has been received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be added to the agenda for the Board Meeting dated no later than thirty (30) days from the date complaint was filed. A receipt of filed complaint shall be sent no later than ten (10) days from the date complaint was filed.

 Signature of Secretary for Centerburg Trojan Soccer Club