

# Complaint Form

Name: \_\_\_\_\_ Phone Nbr: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone Nbr: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sport:  Basketball  T-Ball  Softball  Baseball  Soccer

Position:  Coach  Asst Coach  CRA Board Member  Other \_\_\_\_\_

## Complaint

Date: \_\_\_\_\_ Event: \_\_\_\_\_ Age Group: \_\_\_\_\_

Please describe the complaint: (attach additional paper if needed) \_\_\_\_\_

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Selection, Appeals and Peer Review Committee, (SAPR Committee)