



TWIN BRIDGES LIGHTNING Complaint Form

Person Registering Complaint: _____
(Last Name) (First Name)

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt. Phone #: _____

Email Address: _____
(Please Print)

COMPLAINT/INCIDENT INFORMATION

Date of Incident: _____ Location: _____

Time of Incident: _____ AM _____ PM

Indicate Party/Parties Involved (Circle any/all involved)

Coach Team Parent(s) Other: _____

Name of parties/individuals and organization complaint is filed against:

Have you attempted to contact and resolve the issue with the parties/organization involved prior to filing this formal complaint? YES NO (Circle one)

Please explain: _____

Witnesses to the incident – Please identify by name, address, and phone number:

Name **Address** **Phone #**

RECEIVED BY THE RULES & DISCIPLINARY COMMITTEE:

(Signature of R & D Committee Member)

(Date Received)

(Printed name of R & D Committee Member)

DISPOSITION OF COMPLAINT / INCIDENT:

DISPOSTION COMMUNICATED TO COMPLAINTANT PARTY BY:

(Signature of R & D Committee Member)

(Date of Notification)

(Print Name of R & D Committee Member)
