

COMPLAINT FORM - Appendix A

Date of Event:	Time:
Name of Person filing report:	Contact Information:
Location of Incident:	Level:

Name(s) of Individual(s) Involved in the Incident:

Details of the Incident (please be concise, accurate and non-judgmental):

Name(s) of Witness(es) and Contact Information:

List task undertaken to resolve the situation - attach any pertinent communications (emails), score sheets, etc

Signature of Filer: _____ Date: _____

Signature of Complainant: _____ Date: _____

Action Taken:

Signature of Respondent: _____ Date: _____

Complaint Committee Comments:

Signature of Complaint Committee Chair: _____ Date: _____

Disciplinary action taken (if applicable):

Signature of Disciplinary Committee Chair: _____ Date: _____

Appeal action taken (if applicable):

Signature of Appeal Committee Chair: _____ Date: _____