

Non-Game Related Misconduct Reporting

Tri-County Soccer Association
Governing Body of Soccer within District 10 of the Alberta Soccer Association
Po. Box 3532 Fort Saskatchewan, Alberta T8L 2T4

Author of the Report

Full Name: _____
Last *First* *M.I*

Community Affiliation:
(If Applicable) _____

Ph Number: () _____

Email Address: _____

Please print clearly.

Signature: _____

Note:

As per the TCSA Rules & Regulations on Discipline and Appeals 5.e.vii – The name of the author of the report, or any other identifying and personal information will not be disclosed to the accused or it's witnesses.

Accused Violation(s)

- Rules and Regulations
- By-Laws
- Laws of the Game
- Registration
- Code of Conducts
- Other: (specify) _____

Name of Accused

Full Name: _____
Last *First* *M.I*

Community Affiliation:
(If Applicable) _____

Date of Offence: _____
YYYY / MM / DD

Location of Offence:
(if Applicable) _____

Please print clearly.

Please attach a detail Statement of the proposed violation. A discipline committee will be reviewing this report and provided to the Alberta Soccer Association (ASA) upon request. It is important that it be clear, legible and accurate. Please confine to factual comments to the incident only, please include dates and times. Personal Concerns or opinions are not just cause for disciplinary action.

Initial: _____

Non-Game Related Misconduct Reporting

Tri-County Soccer Association
Governing Body of Soccer within District 10 of the Alberta Soccer Association
Po. Box 3532 Fort Saskatchewan, Alberta T8L 2T4

Name: _____

Authors Report Witness Statement

Lined area for reporting details with a large watermark logo for Tri-County Soccer Association featuring a soccer ball and the text "COUNTY", "SOCCER", and "TRI".

attach additional sheets as required:

Page: ___ of ___

Date: ___ / ___ / ___
 YYYY MM DD

Initial: _____