

FORMAL COMPLAINT & SPECIAL INCIDENT REPORT FORM

Submit to: VSAinfo@valleysoccer.ca or PO Box 931, Warman, SK SOK 4SO

This form must be used to report all formal complaints and significant incidents. This form must be submitted to the VSA within 14 business days of the incident with all fields completed.

Date of the Incident:		Approximate Time:
Location at which the incident	took place:	
Person(s) involved in the incid	ent:	
Describe the Incident (add spa	ce as required):	
Identify any witnesses & their	contact info:	
Please provide the following a	dditional information as relevant	and required:
Attached #pages Additiona	l Supporting Information (describe	2):
REQUIRED PERSONAL INFORM	<u>IATION</u> (unnamed reports may not	t be accepted):
Completed by:	Position (parent,coach,etc):	Phone #:
Email Address:	Signatu	re: Date:
Office use only:		
Date received: Staff Na	me:	