

FORMAL COMPLAINT & SPECIAL INCIDENT REPORT FORM

Submit to: VSAinfo@valleysoccer.ca or PO Box 931, Warman, SK SOK 4S0

This form must be used to report all formal complaints and significant incidents. This form must be submitted to the VSA within 4 business days of the incident with all fields completed.

| Date of the Incident: | | Approximate Time: |
|------------------------------|------------------------|---|
| Location at which the indic | ent took place: | |
| Person(s) involved in the i | ncident: | |
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| Describe the Incident (add | space as required): | |
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| Identify any witnesses & tl | eir contact info: | |
| | | |
| Please provide the following | na additional informat | tion as relevant and required: |
| ☐ Attached # pages | - | Additional Supporting Information (describe): |
| REQUIRED PERSONAL INFO | PRMATION (unnamed | reports may not be accepted): |
| Completed by: | | Position (parent , coach ,etc): |
| | | ail Address: |
| Signature: | | Date: |
| Office use only: | | |
| Date received: | | Staff Name: |