

WCYFL Coach Complaint Form



Coach's Name: _____

Team Assigned: _____

Date of Incident: _____

Nature of Complaint

1. Please describe how the coach violated the Warren County Parks and Recreation Code of Ethics or exhibited behavior not in compliance with the WCYFL Mission Statement:

2. Were there witnesses to the incident: Yes No (please circle one)
If yes, please include their names and testimony.

Please keep in mind that your contact information will be kept confidential

Complaint Filed By: _____

Contact Phone: _____

Email: _____

Please print, complete, and provide form to the WCYFL league president for review. Email to the following address

2015 WCYFL President: Jason Tunks wcyfl42101@gmail.com