



COMPLAINT FORM

DATE: _____

PERSON REPORTING THE ISSUED: _____ PHONE: _____

TEAM: _____ CAPTAIN: _____

COMPLAINT IS FILED AGAINST: _____

TEAM: _____ CAPTAIN: _____

DATE OF INCIDENT: _____ PLACE OF INCIDENT: _____

DESCRIBED WHAT HAPPENED:

WITNESSES (IF ANY):

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

THIS FORM MUST BE COMPLETED AND HAND-DELIVERED TO AN EC MEMBER WITHIN 48 HOURS OF THE INCIDENT.

{THIS SECTION TO BE COMPLETED BY EC MEMBERS ONLY}

EC MEMBER RECEIVING COMPLAINT: _____ DATE RECEIVED: _____

DATE PRESIDENT RECEIVED COMPLAINT: _____

INVESTIGATORS: _____