



Calaveras Youth Soccer League Concern/Complaint Form

This form is to be filled out by the spectator who witnessed the incident.

Procedure:

1. Please complete the form in its entirety and sign it.
2. Describe the incident and rule or procedure that is believed to have been broken.
3. Put completed and signed form to any CYSL board member the same day as the incident.
4. ALL game concern forms will be reviewed that day.
5. A CYSL board member will contact you within one week.

Date: _____ Game Time: _____ Field: _____
Age Group: _____ Team Name: _____ Coach: _____

Concern:

_____ Signature
Print Name

Phone Number: _____

League Response:

League Use Only	
Referee Coordinator: _____	Date: _____
Coach Coordinator: _____	Date: _____
President: _____	Date: _____
Vice President: _____	Date: _____