Your Local High School

Incident/Complaint Form

Person Filing Complaint ______________________

Relationship to the athlete ______________________

Date of Filing ______________________

Date of Incident ______________________

Reason for filing the complaint or description of incident:

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Signature of Person Filing ______________________

Signature of Athlete Affected ______________________

x-x-x:x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

Date Complaint Received by School Personnel ______________

Date of Parent Meeting (If Needed) ______________________

Results or Recommendations Concerning Complaint

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School Personnel Signature ___________________________

Date ______________________