



WESCO Youth Soccer League

Grievance Form

This form is used to collect information on protests, appeals, discipline, and disputes within the WESCO Youth Soccer League. The information entered into this form is confidential and will only be shared within the organization. To file a formal complaint after a 24-hour waiting period, please fill out this form completely and submit it to the WESCO PAD Committee at P.O. Box 423, Sebastopol, CA 95473 or email padcommittee@wescosoccer.org.

Part 1: Person Submitting the Complaint

Name: _____

Email address: _____

Telephone number: _____

Connection to WESCO: Coach Divison Rep
(circle applicable) Player's parent (child's name: _____)
Other: _____

Part 2: The Complaint

What was the date and time of the circumstance causing your complaint? _____

Where was the location? _____

Please describe the circumstances causing your complaint (give specific factual details and the names of any individuals who witnessed the situation).

Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

(Optional) Please describe the outcome or remedy you seek for this complaint.

Signature: _____ Date: _____

Please allow 14 days for a reply from our volunteer-based organization.

Date Received: _____

Received by: _____

Form **Grievance** (05/2019 kw)