

# 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 [jasonhonshell@gmail.com](mailto:jasonhonshell@gmail.com)