

Hermon-DeKalb Central School
Sports Complaint Form

Date of Incident:_____ Time of Incident:_____

Visiting Team:_____ Home Team: _____

Visiting Team Coach:_____ Home Team Coach:_____

1. When did the incident occur, before, during or after a game? _____

2. Did the incident/conduct involve an :

Fan	Yes	No	Name if known : _____
Coach	Yes	No	Name if known : _____
Player	Yes	No	Name if known : _____
Parent	Yes	No	Name if known : _____

3. Did the incident involve verbal abuse? Yes No

4. Did the incident involve physical abuse? Yes No

5. How many players witnessed the incident? _____

Please provide a description of your complaint or of what occurred:

Signed: _____ Date : _____

Print Name: _____ Phone: _____

Please give this completed form to the Athletic Director. Your complaint will be reviewed and addressed by the HDCS Administration and you will be contacted for follow up.