



Warren Youth Football Blue Demons

COMPLAINT FORM

This form is to be completed by the complainant and is to be sent via e-mail or regular mail to The By-Laws & Conduct Director, The President or The First Vice President at WYF, PO Box 293, Gurnee, IL 60031

NAME OF COMPLAINANT: _____

COMPLAINANT ADDRESS: _____

HOME PHONE: _____ **CELLPHONE:** _____

Division: *Bantam Featherweight Middleweight Lightweight Heavyweight*

Date of alleged event: _____

Type of Vioation:

Describe Complaint FULLY (use back side for more space if needed)



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Page 2

List names and contact information of all persons who have any information concerning your complaint and state what information the person may have:

Has this complaint occurred before? If so, state when and where, and whether a complaint was filed:

If this complaint involved discipline, list previous disciplinary action taken if known:

Signature of Complainant: _____ Date: _____

***P.O. Box 293
Gurnee, IL 60031***