

Westonka Youth Baseball League
Coach Compliment / Complaint Form

Name: _____ Date: _____

Phone: _____ Email: _____

Check One: Compliment Complaint

Coaches Name: _____ Age Level: _____

Location of Incident: _____ Date of Incident: _____

Please describe in detail (be as specific as possible) the incident that occurred:

Please list the names of others who were present during the time of the incident and observed the incident:

- This form will be filed with the WYBL Board.
- Please send the form to:
Westonka Community Education and Services
Attn: Joel Dahl
5901 Sunnyfield Road East
Minnetrista, MN 55364