2018 RYFL - Complaint Form

Date of Incident:_____ Time of Incident:_____

Visiting Team:_____ Home Team: _____

Visiting Team Coach:_____ Home Team Coach:_____

Referee Name : _____

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 : _____
Referee	Yes	No	Name if known : _____
Player	Yes	No	Name if known : _____
Parent	Yes	No	Name if known : _____
Board Member on Duty	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? _____

6. Does your complaint involve a general "non game" issue? Yes No

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

Signed: _____ Date : _____

Print Name: _____ Phone: _____

Please give this completed and signed form to the Board Member on Duty at the Fields at the time of incident. We recommend you e-mail any and all concerns, questions , recommendations, observations as well as compliments, directly to the RYFL Board. Receiving Board Member will forward to the RYFL Board. Your issue will be reviewed and addressed by the Little League Board of Directors on the least restrictive option available in a timely manner and you will be contacted in follow up e-mail and or call.

Mo Espinoza molicious531@gmail.com

Robert Chaves rechavez317@gmail.com

Copies of this form can be picked up at concession stand, from any Coach and from tryfl.com website

tryfl.org