



COMPLAINT FORM

Complaints may be filed with the District of Columbia State Athletic Association (DCSAA) against a member school athletic program. Individuals who have experienced, or witnessed, a violation of the DCSAA statute or regulations and wish to report the violation, must complete and submit this form along with supporting documentation. This form must be signed and dated by the individual making the complaint and should be emailed to the DCSAA Director, Clark Ray, at clark.ray@dc.gov or mailed to the District of Columbia State Athletic Association, 1050 First St, NE, 6th Floor, Washington, DC 20002. Additional sheets may be attached if necessary. Complaints are made available to the institution/alleged violator so that they may file a response to the allegations.

COMPLAINANT INFORMATION

Name of Person Submitting Complaint: [Click here to enter text.](#)

Address: [Click here to enter text.](#) **City:** [Click here to enter text.](#) **State:** [Click here to enter text.](#) **Zip:** [Click here to enter text.](#)

Day Phone #: [Click here to enter text.](#) **E-mail Address:** [Click here to enter text.](#)

DETAILS OF COMPLAINT

Name of the High School and Athletic Program Involved: [Click here to enter text.](#)

Alleged Violation (Specify date, location, names of school and staff involved, and the nature of the event. Attach documentation which will help describe the problem and substantiate allegations):

[Click here to enter text.](#)

Have you attempted to resolve the complaint with the athletic program involved? If not, why? If so, what was the outcome?

[Click here to enter text.](#)

Have you filed this complaint with another organization?

YES

NO

If YES, provide:

Name of organization: [Click here to enter text.](#)

Outcome: [Click here to enter text.](#)

CERTIFICATION

I hereby certify that I am the named complainant and affirm that the facts set forth in the complaint are true and accurate to the best of my knowledge. I understand that this complaint and the information provided will be shared with the athletic program involved.

Signature of Complainant:

Date: