

Complaint Form

Name:	
Contact Number:	
Relationship to the Cubs:	(parent, guardian, coach, official, etc.)
Date of Incident:	
Details of the Incident: Need to include spe	ecific facts – time, place, persons involved
** Written documentation may also be att	tached to this form – email or printed
Signature of Complainant:	Date:
OFFI	CE USE ONLY
Received by:	Date: