

Date: _____

Name of Complainant: _____

Address: _____

Telephone Number: _____

Child(ren)'s Name(s): _____

Witnesses: _____

Date of Occurrence: _____

Description of Complaint: _____

Signature of Complainant: _____

Additional information may be submitted with this form.
All forms are to be submitted to the Recreation Director.

FOR OFFICE USE ONLY

Date Complaint Received: _____

Resolution of Complaint: _____
