

**Wyckoff Parks & Recreation Department
Complaint Form**

Name of Person Making Complaint: _____

Address: _____

Phone Number: _____ Email: _____

Role (e.g., coach, parent, spectator, referee, other): _____

Sport: _____ Program: _____ Team: _____

Persons involved:

1. _____ Role: _____

2. _____ Role: _____

3. _____ Role: _____

Date of incident: _____ Time: _____ Location: _____

Nature of Complaint: _____

Does person making complaint wish to be anonymous: Yes _____ No _____

Other relevant information (use additional paper as necessary): _____

Form completed by: _____ Title: _____ Date: _____

Action Taken By Recreation Dept/Disposition of Complaint:
