

**HARASSMENT
FORMAL COMPLAINT FORM**

FOR

AVALON WOLVES POP WARNER

If you do choose to use this form, please include all the information requested below in your complaint. By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process. Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process. **Please note that information provided on this or any other form is not considered an official complaint unless it is signed by you and dated. Harassment/Discrimination complaints may not be submitted by e-mail.**

Upon receipt of your complaint, the Avalon Wolves Board will review it. If it is determined that your complaint is complete, timely and raises covered issues, an investigation will be initiated, and you will be informed of the outcome of the investigation.

Name: _____

First

Middle

Last

Address: _____

Street or P.O. Box

City

State

Zip

Phone: *Day* _____ *Evening* _____

E-Mail Address: _____

I Am A: Parent Student Other: _____

