

Grand Blanc Youth Football - Complaint Form

Name: _____

Contact Number: _____

Relationship to GBYF: _____ (parent, guardian, coach, etc.)

Date of Incident: _____

Details of the Incident:

Need to include specific facts – time, place, persons involved

**** *Written documentation may also be attached to this form – email or printed***

Signature of Complainant: _____ Date: _____

----- office use only -----

Received by: _____ on _____