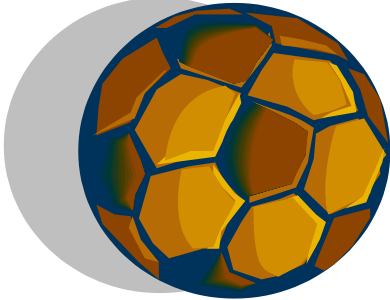


WEST COVINA YOUTH SOCCER



COMPLAINT FORM

Date/Time of Game:	
Field:	
Team (Home & Away):	
Referees:	
Complaint:	

Name: _____

Contact Number & Email: _____