



Capital District Minor Football Association

Formal Complaint Form

Date submitted: _____

Date Reviewed (office): _____

Please note that this form is designed to be completed by anyone who has a concern, issue or complaint about CDMFA league activities that they would like reviewed by the CDMFA Executive. This form will only be accepted if relayed through the respective association's CDMFA Liaison. CDMFA Executive will receive it through email or by hand from the respective association's CDMFA Liaison and will review and respond to it in an expeditious manner. Replies or decisions will be sent directly to the complainant and cc'ed to the CDMFA Liaison of the association that the complainant represents.

Complaint Directed to: (copy always to Secretary) Please tick box

President	Secretary	Registrar	Treasurer	Director of Fields, Facilities & Officials
VP Midget	VP Bantam	VP Peewee	VP Atom	Public Relations Director

Section 1. Complainant Information (must be completed)

a) Name & Address of Individual Filing Complaint: _____

b) Phone numbers (for contact and clarification): _____

c) Role of Complainant re: this specific incident: (please circle)

Coach Administrator Trainer Asst. Coach Parent Athlete

Spectator Referee Other: _____

Section 2. Complaint Information

a) Date and time of incident: _____

b) Occasion of incident (i.e. game, practice, tournament, community event etc.): _____

b) Was there a penalty or game / practice ejection associated with this incident? _____

c) Is this complaint internal (CDMFA) or external governing body (EFOA)? _____

Section 4. Decision

Date reviewed: _____

Reviewed by: _____

Reply sent (date): _____