Fort Worth Adult Soccer Association
Complaint Form

(PLEASE FILL OUT THE FORM ON A COMPUTER IF POSSIBLE TO AVOID HANDWRITING)

Name of person submitting report: _____

Team affiliation of person submitting report: _____

Date form submitted to FWASA office: _____

Date and Time of game: _____

Field Location: _____

League/Division: _____

Complaint against Team Name: _____

Complaint against Player Name and/or Number (if necessary): _____

Complaint against Field Monitor Name: _____

Complaint against Referee Name and Position (Center/AR1/AR2): _____

Please provide a detailed description of the events that occurred during the game and your concerns regarding these events:

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Were there any other witnesses of this event or behaviors? Please list names if possible.

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This form will be kept on file for the team or individual that this report was filed against. The FWASA board and A&D Committee will not take any immediate disciplinary actions or dispense any punishments on the basis of this report alone; however, these reports could be considered as additional information and factor into decisions made by the A&D Committee regarding punishable offenses (for example, red cards). Submit completed forms to office@fwasa.org, vp@fwasa.org, and your league commissioner.