

# Georgian Cubs Volleyball Club Complaint Form

(Step 2 of the Complaint Process)

Please complete this form for Complaints or Minor Infraction to be handled by the GCVC.

**Please note step one of the process MUST be completed prior to the submission of this form otherwise no action will occur.**

**AFFECTED PARTY/PARTIES** - Circle all that apply

Player      Official      Coach      Spectators      Team

**REPORT TYPE** - Circle One

Complaint      Infraction

**NAME AND ROLE OF PERSON REPORTING THE COMPLAINT/INFRACTION**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>POSITION/TITLE</b>
<b>CELL NUMBER</b>		<b>EMAIL</b>
<b>WHERE INCIDENT OCCURRED</b>		<b>DATE INCIDENT OCCURRED</b>

**NAME AND ROLE OF THE PERSON BEING COMPLAINED ABOUT. IF NO NAMES ARE PROVIDED THE GCVC CANNOT MOVE FORWARD.**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>POSITION/TITLE</b>
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**Please describe in detail the complaint/infraction. Include date of incident and where incident occurred.**

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