



COACH COMPLAINT FORM

Coach's Name: _____
Sport Coaching: _____
City: _____ State: _____
Date of Incident: _____

Nature of Complaint

1. Please describe how the coach violated the NYSCA Coach Code of Ethics Pledge:

2. Were there witnesses to the incident: Yes No

If yes, include names and their testimony.

3. League Name:

4. Name of local Parks & Recreation Department, if known:

5. Did you contact the league president, board members or parks and recreation staff to report the coach prior to contacting the NYSCA? Yes No

6. If yes, who did you contact and how was your complaint handled?

Please keep in mind your contact information will be kept confidential and will not be submitted to the local chapter without prior approval.

Complaint filed by (your name):

Daytime phone:

Email:

National Alliance for Youth Sports
2050 Vista Parkway
West Palm Beach, FL 33411
(561) 684-1141
(800) 729-2057
Fax (561) 684-2546