parkview parochial league

PPL COMPLAINT FORM

SCHOOL: _____ **DATE:** _____

LOCATION of INCIDENT: _____ **TIME:** _____

VISITING TEAM: _____

HOME TEAM: _____

GYM SUPERVISOR _____

Please, NOTE: This form must be signed by the gym supervisor and then submitted to your Athletic Director or Sport Coordinator. The AD or Sport coordinator will review and submit to the PPL if appropriate. The league will not accept complaints submitted directly from parents or coaches.

DESCRIBE the COMPLAINT in DETAIL: _____

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SIGNATURE:

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