

**CAMP HILL SOCCER CLUB**  
**CODE OF CONDUCT COMPLAINT/GRIEVANCE FORM**

**Notice: The Camp Hill Soccer Club Code of Conduct Committee will only review written complaints/grievances fully completed on this form. Completed forms may be turned into any Club Officer, the Committee Chair or mail to P.O Box 484, Camp Hill, PA 17001.**

**Regarding:**

____ Player	____ Coach	____ Parent	____ Other
Name: _____			

**Complaint/Grievance:**

List the nature and specifics of your complaint/grievance, including any names and contact information and any other information pertinent to the complaint. You may attach additional pages as needed: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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**Submitted By:**

Name: _____	Signature: _____
Address: _____	
Telephone/cell: _____	
Email: _____	

**Committee use only:**

Date Received: _____	Received by: _____
Comments: _____ _____ _____	
Recommended Action: _____ _____ _____	