

NOTICE OF COMPLAINT FORM

Please send a completed form to the BCWA Executive Director at: execdirector@bcwrestling.com.

Complainant Name: _____

Email: _____

Phone: _____

I am an / a:

- Athlete
- Coach
- Official
- Staff Member / Contractor
- Parent
- Other: _____

Name of Respondent (if applicable): _____

Name of Affected Parties (if applicable): _____

The complaint is about:

- Conflict of Interest
- Discipline
- Code of Conduct
- Membership
- Other (please describe): _____

Please provide a detailed summary of the complaint. Please submit any evidence that supports your complaint as a separate attachment.

Please describe what, in your view, would be an appropriate resolution or corrective action to this complaint.

I declare that the statements made above are accurate and truthful.

Date: _____

Signature: _____