

Lockport Soccer Club Sexual Harassment Complaint Form

Your Name: _____ Date: _____

Phone Number: _____ Email: _____

Status: Parent Volunteer
Other (Specify) _____

Department: _____

Address: _____

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail including the specific conduct that is the basis of the complaint:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Is this the first time you have raised this concern about this person?

Yes No



If no please provide similar details for each incident as in above:

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail including the specific conduct that is the basis of the complaint:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Do you have any additional information or complaints? If so, please explain.

Signature: _____ Print Name: _____

