



WHITE ROCK SOUTH SURREY BASEBALL ASSOCIATION

Complaint Form

Complainant Information

Name:		Date:	
Phone:		Email Address:	
Affiliation to WRSSBA:	Player	Coach	Parent Other

Incident Details

Name of Incident:		
Date:	Time:	Location:
Division:	Team Name:	
Name of Person Who Committed the Infraction:		
Description of Incident:		
Recommended Resolution:		

Witnesses

Name	Contact Information

Signature:	Date:
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Please submit this complaint form via email to the following email addresses:

- riskmanager@wrssba.com
- execdirector@wrssba.com