



Waupun Hockey Association

PO Box 285 - 510 East Spring Street Waupun, WI 53963

www.waupunhockey.com

Revised Jan 2025

Please complete the form below to file a formal complaint, verbal complaints to the board are not accepted as “formal”. Return the completed form to an executive board member. This form will be reviewed and addressed with a meeting of the board at the next board meeting in a closed session or in a special closed-door meeting depending on severity and availability of not less than 10-board members.

Complainant Name: _____

Date of occurrence: _____

Phone: _____

Email: _____

Name of person(s) and/or team(s) regarding complaint:

Name of individual(s) with information regarding the complaint (e.g. witnesses) (Add contact information if possible):

Details of the Complaint (Attach any appropriate supporting documents or additional pages as needed):



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Details of the attempt to resolve this complaint (example informed coach/team manager etc.):

I declare that I have made truthful and complete statements on this complaint form including any/all attachments/supporting information. (Electronic signature is acceptable)

Complainant Signature: _____

Date: _____

(For office/board use only)

Received by: _____

Date: _____

Resolved/Filed on Date: _____