



Intermountain Volleyball Association Complaint Form

1. Complainant

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) *(first)* *(middle)* *(last)*

Home Phone: () _____ Work Phone: () _____ ext. ____ or () _____ ext. ____

Phone me between 8:00 A.M. and 4:00 P.M. at: *(circle one)* Home Work Best time: _____

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

2. What club or individual is your complaint against?

Name of club: _____

Director: _____ Coach: _____

Other Individuals: _____

Information about you complaint

3. Which of the following best describes your complaint:

- | | |
|--|--|
| <input type="checkbox"/> Breach of Contract | <input type="checkbox"/> Violation of IVA Guidelines |
| <input type="checkbox"/> Physical/Mental Abuse | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Financial Malfeasance | <input type="checkbox"/> Other |

4. When did the first violation occur? Month: _____ day: _____ year: _____

5. Have you attempted to contact the individual/club about your complaint?

No Yes Date _____

6. Who did you speak with about your complaint? _____

7. Have you filed a complaint with any other agency or court of law?

No Yes Date: _____ Where: _____

8. Have you contacted a private attorney? No Yes If yes, what is his/her name? _____

9. Describe your complaint in detail.

