

CAPE YOUTH FOOTBALL ASSOCIATION, INC.

Formal Complaint Form

Complainant Information:		
Name:		
Address:		
Phone:		
Email:		
Affiliation:		
Person(s)/Organization(s) Accused:		
Specific rule, regulation, or policy allegedly violated:		
Brief summary of occurrence:		
Signature:	Date:	

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CAPE YOUTH FOOTBALL ASSOCIATION, INC.

FOR OFFICIAL USE ONLY - DO NOT MARK BELOW THIS AREA

NOTICE

() No action will be taken on the above charges because:		
() Disciplinary Action (include individual/organization name(s), degree and length of sanctions):		
() The above complaint warrants a formal hearing. Continue below.		
Date:Time:Location:		
Hearing Authority:		
Panel Members:		
NOTE		
All charged parties must be given seven (7) days to prepare for the hearing, unless a Written Waiver of Notice is signed by those charged.		
All parties charged have the right to be present, to introduce witness(es) and/or bring documents to support a defense, cross-examine witness(es) and inspect any item introduced as evidence at the time it is presented. Charged parties may be represented at the hearing by a person of their choice.		
Signature and Title:		

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CAPE YOUTH FOOTBALL ASSOCIATION, INC.

HEARING REPORT

(Only in case of tribunal)

Statement of Findings:	
() No violation(s) occurred	() Violation occurred
Briefly describe the reason(s) for the finding:	
Disciplinary Action (include individual/organiza	ation name(s), degree and length of sanctions):
Signature and Title:	Date:
*Once complete, a copy of this document must days of hearing. Proper and timely documents prevent possible misunderstanding and/or leg	

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