

Dearborn Soccer Club

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Dearborn Soccer Club Discipline and Appeals Complaint Form			
(Game Reports and other supporting documents must accompany this form) (See Discipline and Appeals Scheduling Procedure for details on hearing dates / times)			
Your Name:		Your Position:	
Address:	City:	State:	Zip:
e-mail address:		Phone:	
League Affiliation:		Club:	
Team:	Age Group:	Team Gender:	
** (Anonymous complaints will not result in an investigation or a hearing by Dearborn Soccer Club)**			
I am formally requesting DSC to investigate the actions of:			
First Name:		Last Name:	
Team:		That took place on Date:	
Age Group:		Team Gender:	
I believe his/her actions are in violation of a:			
MSYSA / DSC (Circle One)			
Rule / Regulation / Policy / or Bylaw (Circle One)			
As stated in:			
(You must reference the specific Rule or Bylaw number and subsections(s) on the line above)			
Type of Competition: (i.e. State Cup, League Game, Tournament)			
Level of Play: (i.e. Recreational, Select / Travel, Premier)			
Additional comments relating to the incident (include names and contact information of witnesses):			
Signature:		Date:	
Oversight Committee Use:			