

**STARPOINT CENTRAL SCHOOL DISTRICT
ATHLETIC COMPLAINT FORM**

Parent/Guardian Name: _____
Student's Name: _____
Sport/Activity & Coach: _____
Date of Incident(s): _____

Statement of Concern or Problem: _____

What was the outcome when the student athlete brought this to the coach's attention?

Have the parents talked with the coach about the problem? _____

| | |
|---------------------------|-------------------------|
| Parent/Guardian Signature | Email Address |
| Date | Contact Phone Number(s) |

PLEASE SUBMIT THIS FORM TO THE ATHLETIC DIRECTOR

(For Office Use Only)

Date Received by Athletic Director: _____

Athletic Director's Response: _____

Cc: Superintendent
HS Principal
MS Principal