Westonka Youth Football

Coach Compliment / Complaint Form

Name:			Date:
Phone:		Email:	
Check One:	☐ Compliment	☐ Complaint	
Coaches Name:			Grade Level:
Location of Incid	lent:		Date of Incident:
Please describe	in detail (be as speci	fic as possible) the incid	ent that occurred:
Please list the na incident:	ames of others who v	vere present during the	ime of the incident and observed the

- This form will be filed with the WYF Board and, if necessary, the LMAA Board of Directors.
- Please send the form to:

Westonka Community Education and Services

Attn: Joel Dahl

5901 Sunnyfield Road East Minnetrista, MN 55364