

KPHA CONCERN / APPEAL FORM

Please provide as much detail as possible, form to be submitted to the President of KPHA upon completion.

Select the person making the Concern/Appeal:

Player Parent Volunteer Official Employee

Name (first/last):

Mailing Address:

City/AK/Zip Code:

Phone No:

Email:

Person on whose behalf the complaint is made

(only to be completed if different from above):

Name of person(s) against whom you are complaining:

Title/Role:

Association/Club:

When did the most recent incident occur? (Date/Time):

Select the type of behavior that best describes your complaint.

Harassment Conduct Gestures Comments

Based On.

Race Ethnicity Disability Color Sex
Religion Age Sexual Orient. Marital Status Family Status

Type of Abuse.

Physical Emotional Sexual Neglect

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Provide a summary of the incident(s) that you are concerned about. Your summary must answer the following questions. You may attach additional documents if necessary.

Date/Time incident(s) happened?

Where did the incident(s) happen?

Who was involved (name/title/role)?

What happened?

How were you or your player treated differently from others (if at all)?

How do the incidents(s) relate to the ground(s) you selected?

Remedy or solutions you are seeking:
