SACRAMENTO YOUTH SOCCER LEAGUE

REPORT A PROBLEM

Submit to: syslpresident@gmail.com

Use this form for league, field, conduct, safety, referee, scheduling, or other concerns.

PERSON SUBMITTING REPORT

Name | **Email** | **Phone**

Role ☐ Parent / Guardian ☐ Coach ☐ Referee ☐ Player ☐ Club Official ☐ Other

INCIDENT / PROBLEM INFORMATION

Date | **Time** | **Field / Location** | **Division / Age Group**

Team / Club | **Opposing Team / Club (if applicable)**

Type of concern

☐ Conduct ☐ Safety ☐ Field / Equipment ☐ Referee ☐ Coach ☐ Player ☐ Spectator

☐ Scheduling / administrative ☐ Other:

WHO OR WHAT DOES THE REPORT CONCERN?

Name (if known) | **Team / Club** | **Role**

DESCRIPTION

Describe what happened as clearly and factually as possible. Include what you personally observed, exact language when relevant, and the sequence of events.

ACTION / WITNESSES

Was a coach, referee, club official, or other person notified? ☐ Yes ☐ No **Who:**

Immediate action taken, if any

Witness names / contact information (if known)

Additional information or requested follow-up

Signature | **Date**