Warren County Soccer Club Conflict Review Form Instructions & Process

WCSC has implemented the following process to handle all conflicts and complaints. The process must be followed and all forms must be signed for the complaint to be considered valid. Anonymous complaints will not be accepted.

- 1) Complete and sign the Conflict Review Form available online at www.wcsoccerclub.com.
- 2) Forward the completed and signed Conflict Review Form to the Conflict Review Committee at the following address:

Warren County Soccer Club ATTN: Conflict Review Committee PO Box 1105 Mason, Ohio 45040

3) It is also essential that you contact the Conflict Review Committee via email at conflict@wcsoccerclub.com to inform them that a complaint has been filed, so they can watch for it to arrive.

Please DO NOT attempt to contact or request information about the complaint from the Conflict Review Committee, any Committee member, or any WCSC Board member.

- 4) Once a form is received by the Conflict Review Committee
 - a. The form will be reviewed and a recommendation will be made to the WCSC Board within ten (10) days, based on the information contained in the form and other items gathered through investigating the matter. The Conflict Review Committee may contact either the person whom the complaint has been filed by or has been filed against to verify certain information and facts.
 - b. After receiving the recommendation from the Conflict Review Committee, the WCSC Board may have the person the complaint was filed against appear before the board before making its decision.
 - c. Once a decision is issued by the WCSC Board, the person the complaint was filed against will be notified by the WCSC Board to inform them of the decision and any disciplinary action being taken against them.
 - d. The person being disciplined may then appeal the decision in writing to the Conflict Review Committee, but the decision will remain in effect until such time that it may be over-turned by the WCSC Board.
 - e. The WCSC Board may notify the person filing the complaint of its decision.
- 5) Failure to abide by the WCSC decision will result in the member being considered NOT IN GOOD STANDING with the club, which could result in a more severe action being placed or taken against them.

Warren County Soccer Club

PO Box 1105 • Mason, OH 45040 Hotline: (513) 981-0670 www.wcsoccerclub.com

Complaint Review Form

Use this form for filing a complaint about a Board Official, Coach, Assistant Coach, Team Parent, Player, Parent, Trainer, Referee or other volunteer involved in Warren County Soccer Club. Please follow all instructions when completing and submitting this form so that the incident can be investigated and recorded properly. Please type or print legibly in black ink. You may wish to keep a photocopy of this form for your own records. If available, please enclose a copy of any supporting documents to assist with a quick resolution to the matter.

Person Filing This Complaint			
I am a (check all that apply): Player Referee	Head Coach Asst. C	Coach Pa	rent Spectator
Name:	Team (if applicable):		
Street:	City:	State:	Zip Code:
Home Phone:	Alternate Phone:		
Email Address:			
② Complaint Filed Against			
Person is a (check all that apply): Player Ref	eree Head Coach A	sst. Coach	_ Parent Spectator
Name:	Team (if applicable):		
Street:	City:	State:	Zip Code:
Home Phone:			
Email Address:			
Describe the Incident			
			, , , , , , , , , , , , , , , , , , ,
			

Attempted Resolution		
Describe any efforts used to resolve or attempts to rescopies of any related correspondence, documentation, e	solve this issue prior to filing this Complaint Review Form. Attachetc.	
Desired Resolution		
Describe what you believe should be the resolution to the	nis incident. What would you like to see happen?	
Other Action Taken		
If yes, please provide details, including the name, con	his incident with the local or state association? Yes No nplete address and telephone number of the court or association rt action was filed. Attach copies of any correspondence or filings er agencies.	
⊘ Sign and Date		
-	and accurate. I understand the filing of this form does not obligate	
Person Filing Complaint	Witness	
Print Name:	Print Name:	
Signature:	Signature:	
Date:		

PRIVACY ACT STATEMENT: The authority for collecting this information is established by volunteer membership into Warren County Soccer Club. We need this information in order to investigate your complaint. The personal information will be used primarily for investigative, enforcement, and compliance purposes. Warren County Soccer Club will not disclose the name or other identifying information about an individual unless it is necessary for properly investigating a complaint, or for enforcement activities against an entity alleged to have violated law, or unless such information is required to be disclosed under the Freedom of Information Act, or as is allowed through the publication of a routine use in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. To further Warren County Soccer Club's enforcement activities, information we have about you may be given to appropriate Federal, State or local agencies. Additional disclosures of information may be made to members of our local association or state association so that they may perform their duties. Furnishing of the requested information is voluntary, except that the failure to provide such information may result in our being unable to process your complaint.