



## PROCESS FOR HANDLING COMPLAINTS

- Parent fills up the form attached, scans the form and send to the coach via email
- Coach acknowledges receipt of email within 24 – 48 hours.
- Coach will make 1<sup>st</sup> attempt to resolve the issue of parent within 5 days
  - If complaint is resolved
    - Coach will send email to the concerned parent and cc Athletic Directors (AD's) and Principal confirming that the complaint is resolved including agreements and next steps
  - If complaint is not resolved within coach level, coach will elevate issue to the Athletic Directors by sending email
- AD's will acknowledge receipt of email within 24- 48 hours
- AD's will make 2<sup>nd</sup> attempt with all concerned parties to resolve the issue
  - AD's will initiate meeting with all concerned within 5 days from the time the issue was elevated
  - If complaint is resolved
    - AD's will send email to all concerned and cc Principal confirming the complaint is resolved including agreements and next steps
  - If complaint is not resolved within coach level, AD's will elevate issue to the Principal
- Principal will acknowledge receipt of email within 24- 48 hours
- Principal will make 3<sup>rd</sup> attempt with all concerned parties to resolve the issue
- Principal will initiate meeting with all concerned within 5 days from the time the issue was elevated
  - If complaint is resolved
    - Principal will send email to all concerned and cc Principal confirming the complaint is resolved including agreements and next steps
- Principal will make final judgement / resolution to the case
  - Date and Time Requested



FORM A

ATHLETIC EVENT – Injury, Issue, Grievance, or Complaint Form

Name of School Teams Involved: \_\_\_\_\_

\_\_\_\_\_

Name of League (if applicable): \_\_\_\_\_

Date of Sporting Event: \_\_\_\_\_

Site of Sporting Event: \_\_\_\_\_

Name and position of person completing this form: \_\_\_\_\_

\_\_\_\_\_

Contact Information: Phone # \_\_\_\_\_

Email \_\_\_\_\_

Describe the event (be specific with names of coaches and student athletes included)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did a student athlete require first aid or medical treatment: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a copy of diagnosis and/or treatment received.

If the league aware of this event: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain: \_\_\_\_\_

Who have you contacted in the league? \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Was there ruling by the league on this event?

Describe:

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What were the names of the game officials?

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Attach copy of officials' written report

\*NOTE: this report should be filed with the Archdiocesan Superintendent of Schools no more than 2 weeks after the event in question.

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Signature of person completing this form Date

Official Written Report:

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Official Signature

Date

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Official Signature

Date