

# **RWPC Complaint Form**

## **FILER'S INFORMATION**

Name: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_, California, \_\_\_\_\_

## **INFORMATION (Subject of Complaint)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **COMPLAINT INFORMATION**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident: (Use separate piece of paper if necessary)

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## **WITNESSES**

The Following people have witnessed the incident take place:

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**RESOLUTION**

Possible/Suggested Resolution:

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**ADDITIONAL INFORMATION**

Additional Information:

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the Board of Renegades Water Polo Club,  
it is our intention to field all complaints in a timely manner.  
Please return to Holly Oliver, Secretary of RWPC, at hroliver4@gmail.com.