

Steamboat Springs Adult Sports League Conflict Resolution Form

PART I:

Person completing this form _____

Check One: ___ I am the athlete ___ Athlete Welfare Advocate ___ Other

Athlete's Name: _____

Athlete's Telephone # _____

Part II:

Please describe the circumstances causing your complaint (give specific factual details, times, location, and name all individuals involved or who witnessed the situation).

Date: _____

Please describe any efforts you have made to resolve your complaint informally or formally and the responses to your efforts.

Initial of Person Submitting Report _____

Date Filed _____