



MSYSA DISCIPLINE AND APPEALS
COMPLAINT FORM

(Game Reports and other supporting documents must accompany this form)
(See Discipline and Appeals Scheduling Procedure for details on hearing dates/times)

Your Name: _____ Your Position: _____

Address: _____ City: _____ State: _____ Zip: _____

League Affiliation: _____ Club: _____

Team: _____ Age Group: _____ Team Gender: _____

** (Anonymous complaints will not result in a hearing or an investigation by MSYSA) **

I am formally requesting MSYSA to hold a hearing to look into the actions of

(First name) _____ (Last Name) _____ (Team) _____

(League) _____ that took place on (Date) _____.

I believe his/her actions are in violation of a:

MSYSA / USYS / USSF (circle one)

Rule / Regulation / Policy / or Bylaw (circle one)

As stated in: _____

(You must reference the specific Rule or Bylaw number and subsection(s) on the line above)

Type of Competition: (i.e. State Cup, League Game, Tournament) _____

Level of Play: (i.e. Recreational, Select/Travel, Premier) _____

Additional comments relating to the incident:

Signed: _____ Date: _____

