



USA Wrestling Kansas

Official Complaint Form

All information provided will remain confidential to the extent allowed by law and organizational policy.

Per USA Wrestling Kansas Bylaws: Section II, Article II, Clause 2. Any individual submitting this form must be a member of USA Wrestling

Section 1: Complainant Information

Full Name: _____

Role In Organization: Athlete Coach Parent Spectator

Phone Number: _____

Email Address: _____

Mailing Address: _____

Section 2: Nature of Complaint

Type of Complaint: (choose one): Athlete Conduct Coach Conduct Event Safety Ethical Violation
Rule Violation SafeSport Violation Other _____

Date of Incident: _____

Time Of Incident: _____

Individual(s) Involved: _____

Description Of Incident:
(attach additional pages if needed) _____

Section 3: Supporting Documentation

Witnesses:
(name and contact info) _____

Evidence Provided (check all that apply): Photos/Videos Written Statements Emails/Text Messages
Other _____

Section 4: Desired Resolution

What action or resolution are you seeking?

Section 5: Declaration

I certify that the information provided above is accurate and truthful to the best of my knowledge.

Signature: _____ Date: _____