

Complaint Against Volunteer Form

Your Name_____

Date_____

Phone Number:_____

Email:_____

Status: Parent____ Coach____ Volunteer____ Other(specify)_____

COMPLAINT INFORMATION

Date of incident:_____

Time:_____

Location of incident:_____

Please describe the incident in detail:_____

Is the first time you have raised concern about this person?

Yes___ No___

If there are others who have witnessed this incident, please provide their name and number:

Please submit complaint to:

P.O. Box 931

Placerville, CA 95667

EDJC President (Brian Martin)

EDJCPresident.edjc@gmail.com

EDJC Vice President (Penny Hansen)

VicePresident.edjc@gmail.com