

JOSHUA BASEBALL AND SOFTBALL ASSOCIATION

BOARD COMPLAINT REVIEW / RESOLUTION FORM

DATE:	TIME:	
SUBMITTED BY:		
CONTACT PHONE #:		
COMPLAINT/ISSUE (AGAINST OR WITH)		
TEAM NAME AND LEAGUE (IF APPLICABLE)		
BOARD MEMBER WHOM RECEIVED COMPLAINT:		

RESOLUTION:

CONTINUE ON BACK OF PAGE IF NEEDED

BOARD MEMBER		DATE:
COPY RECEIVED BY:		DATE: