



# Silver State Cal Ripken Baseball League

P.O. Box 60128  
Reno, NV 89506

## Complaint Form

Written complaints must be turned in out within 5 days of the incident.

Return completed complaint form to any board member or to [info@sscalripken.com](mailto:info@sscalripken.com) and [liaison@sscalripken.com](mailto:liaison@sscalripken.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Team/Division: \_\_\_\_\_

Nature of Complaint (must include date, time and location of incident):

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Please use the back side of form or separate sheet for additional information. NOTE: A written complaint is not deemed a "Formal Complaint" unless the board agrees that action must be taken. The validity of the complaint will be reviewed by the board and all parties involved. Decisions of the board are final.



(FOR BOARD USE ONLY)

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Board Members: \_\_\_\_\_

Resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further action required? Yes/No    Action Taken: \_\_\_\_\_  
\_\_\_\_\_