



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

PO Box 22383
Eagan, Minnesota 55122
Phone (952) 933-2384 or (800) 366-6972 F a x (952) 933-2627
www.mnyouthsoccer.org



Complaint Form

Name of Complainant: _____ Team/Club: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

E-mail: _____ Cell Phone Number: _____

Please provide the following information in as much detail as possible.

List the nature and specifics of the complaint, including the names and contact information for individuals, teams, clubs and any other information pertinent to the complaint. You may attach additional pages as needed.

List the **specific** MYSA bylaws, rules, policies or procedures that you believe have been violated. Attach any supporting documentation that is in your possession, including game reports, photographs or statements from others involved.

Signature: _____

Date: _____

Email all documents to MYSA@MNYouthSoccer.org (subject line: Complaints) or mail the original, signed form and accompanying materials to: MYSA, PO Box 22383, Eagan, MN 55122, Attn: Complaints. The signed, original form and accompanying materials must be received before MYSA processing can begin.