



**NATIONAL GOVERNING BODY
OF SOFTBALL**

**Greater Sacramento
Softball Association**
6742 Auburn Blvd.
Citrus Heights, CA 95621
Ph. (916) 622-9060
Fax (916) 726-1706

Complaint Form

Parent Information

Name: _____ Email Address: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Work Phone: _____ Alternate Phone/Fax: _____

Accused Party Information

Name: _____ VTD ID #: _____
 Team/League or Affiliation: _____
 Address: _____ City/State/Zip: _____
 Contact Phone/Email _____

Describe Alleged Violation

Date / Time / Location of Alleged Violation

Witness Information

1.) Name: _____ Phone: _____ Alt Phone: _____
 2.) Name: _____ Phone: _____ Alt Phone: _____
 3.) Name: _____ Phone: _____ Alt Phone: _____
 4.) Name: _____ Phone: _____ Alt Phone: _____

By signing below, I the complainant do hereby attest that I have read and understood the complaint procedure as published by GSSA, and the statement provided is true and accurate to the best of my knowledge.

 Name Organization Date