



South Carolina Youth Soccer Notice of Complaint



Name of Person Filing Complaint: _____

Complainant's Phone Number: _____ and

E-Mail address: _____

Name of Club and/or person complaint is filed against: _____

Rule or Policy Violation: Description of Violation: _____

List of Supporting Evidence: _____

Signature of Complainant

Date

Signature of SC Youth Soccer District Commissioner

Date

Signature of Rules & Compliance Chairperson

Date

This form and all supporting documentation must be sent to the SC Youth Soccer State Office either by post: 7436 Broad River Road, Bldg. 2, Suite 211, Irmo, SC 29063, fax 803-79805425 or e-mail scvsa@scvsa.org in order for SC Youth Soccer to process this complaint.