Argonaut Junior Mustangs Complaint Form

AJM's goal is for the youth in this organization to have a positive experience. If you find during the season that a situation arises that should be brought to our attention please fill out the form below and hand it in to any board member, email to complaints@argonautjrmustangs.com, or mail to PO Box 1928 Jackson CA 95642

To ensure issues can be addressed in an appropriate timeframe, complaints must be submitted within three (3) days of the occurrence, or within three (3) days of receiving this form from a board member. We look forward to a successful season and appreciate your support.

Nam								
	ne of Complainant and Mailing Address: (please pri	nt)					
Nan	ne of Child(ren) in the Organization (pleas	se circle c	heer or foo	tball and tl	ne level):			
		Cheer	Football	JrNovice	Novice	J۷	Varsity	
		Cheer	Football	JrNovice	Novice	JV	Varsity	
		Cheer	Football	JrNovice	Novice	JV	Varsity	
Date	e and Time of Incident/Complaint			I				
Describe Incident/Complaint FULLY; including names and contact information of others who								
witn	nessed the incident (use back side for mor	e space if	needed)					