



Rosemount Area Athletic Association  
PO Box 134  
Rosemount, MN 55068  
(952) 423-7222

## Rosemount Area Athletic Association Complaint Form

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**RAAA Personnel Involved:** \_\_\_\_\_

**Other RAAA personnel, referees, parents or tournament officials present:**

**Please describe in detail the incident that occurred:**

*Please limit information in this section to factual events, limiting personal comments.*

**Proposed Resolution:**

*In raising this concern, what are some of the suggested outcome(s) that would improve the RAAA organization?*

- This complaint will be filed with the RAAA Board of Directors, the Program Director of the sport involved and the head of Risk Management for RAAA.
- Please send this form to RAAA, PO Box 134, Rosemount, MN 55068