



FEEDBACK REPORT
(To be filled out by Coach, Parent or Referee, ONLY)

IF THIS FEEDBACK REPORT RELATES TO AN INDIVIDUAL PLEASE PROVIDE THEIR NAME (IF KNOWN): _____	DATE: _____
REFERS TO: SPECTATOR, PLAYER, REFEREE, COACH, OTHER (CIRCLE ONE)	

Your Name: _____

E-mail Address: _____

Cell Number: _____	Home #: _____	Team Number: _____
Division _____ Girls or Boys <i>(Please circle)</i>	Witnesses if needed: _____	

NATURE OF REPORT:

Your Comments:

Board Member/Field Marshall notified: Yes / No <i>(Please circle) Who?</i>	Field Condition:
Field Number: _____	Game Time: _____
Reported immediately to: _____	Date: _____ Time: _____
Location: _____	

FOR BOARD MEMBER FEED BACK

Name of Board Member: _____

Remarks: _____	Status after: <i>(Please circle)</i> Complete/ Incomplete/ Pending for spares/ Under Observation/ Working solution / deferred to:
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Additional Comments:

Events: (Date & Time) _____	Start of follow up: _____	End of follow up: _____
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AT THE END OF FOLLOW UP HOW WOULD YOU AS THE BOARD MEMBER RANK THE REPORTEE

Extremely Satisfied	Satisfied	Dissatisfied	Annoyed
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IF DEFERRED TO ANOTHER BOARD MEMBER, SECOND BOARD MEMBER BELOW INFORMATION

Remarks: _____

Name: _____	Resolution: _____	Phone: _____
Email: _____		
Signature: _____	Date: _____	Place: _____