

**HAWTHORNE CUBS FOOTBALL ASSOC.INC.  
CIVIL RIGHTS POLICY  
Complaint Form**

Any individual who either observes or is the victim of alleged wrongdoing on the part of officials, or volunteers associated with the "CUBS" under the "CUBS" Civil Rights policy may report such action either orally or in writing (using this form) to the "CUBS" or submit it to:

**HAWTHORNE CUBS FOOTBALL  
PO BOX 114  
Hawthorne, NJ 07507  
ATTN: PAUL CHARLES**

Name of person making this complaint: \_\_\_\_\_

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

Name(s) of victim(s) of wrongdoing (if different from complainant):  
\_\_\_\_\_

Name(s) of person(s) being complained about (if known):  
\_\_\_\_\_

Please describe the incident(s) being complained of (attach add'l pages if necessary):

\_\_\_\_\_

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