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| **SWAT FORMAL SUGGESTION/COMPLAINT FORM** |
|  |  |  |  |  |  |  |
| Person Submitting the Compliant |   |   |   |   |   |   |
| Relationship to the SWAT Swimmer |   |   |   |   |   |   |
| SWAT Swimmer |   |   |   |   |   |   |
| Group/Coach |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| Date of the Incident |   |   |   |   |   |   |
| Date Reported |   |   |   |   |   |   |
| Person Who Received Report |   |   |   |   |   |   |
| Suggestion/Compliant |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
| Have you discussed this matter with your childs immediate coach? YES NO |  |
| Have you discussed this matter with Head Coach Natalie? YES NO |  |
| If YES on either, when and what was the outcome? |  |  |  |  |
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| \* You may attach additional information to this form for us to review, but all suggestions and/or compliants must be accompanied by this form. Email form to : swatboard@spokanewaves.org |