



# Iowa Volleyball Region



8170 Hickman Road, Ste 5  
Clive, IA 50325-4405  
P: 515-727-1860  
F: 515-727-1861

## Due Process Complaint Form

Updated: August 5, 2014

**OFFICE USE:** Date Received \_\_\_/\_\_\_/\_\_\_ Mailed to Respondent: \_\_\_/\_\_\_/\_\_\_ Respondent Received: \_\_\_/\_\_\_/\_\_\_  
Hearing Filing Deadline: \_\_\_/\_\_\_/\_\_\_ Hearing Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ A.M./P.M.  
Hearing Notice Sent: \_\_\_/\_\_\_/\_\_\_

### DUE PROCESS COMPLAINT FORM

#### PERSON FILING COMPLAINT:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### RESPONDENT: (Person or Team you are filing the complaint against)

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

*If Known complete the following:*

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TEAM:** \_\_\_\_\_

*Use the Team Roster to list all players present.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### VIOLATION INFORMATION:

DATE OCCURRED: \_\_\_/\_\_\_/\_\_\_ TIME OCCURRED: \_\_\_\_\_  
PLACE OCCURRED: \_\_\_\_\_

PARTY(S) INVOLVED:(Individuals/Teams on both sides of the violation.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

WHAT RULE(S) WERE VIOLATED: \_\_\_\_\_

DESCRIBE VIOLATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS VIOLATION HANDLED BY THE TOURNAMENT DIRECTOR? YES NO

TOURNAMENT DIRECTOR'S NAME: \_\_\_\_\_

HOW WAS THE VIOLATION HANDLED BY THE TOURNAMENT DIRECTOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES TO VIOLATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**ATTACH ALL SUPPORTING MATERIALS AND LIST ALL WITNESSES YOU WILL BE USING IN THE DUE PROCESS PROCEEDINGS:** Only materials and witnesses listed may be presented at the hearing. New materials and witnesses may be added if the Region Office has eight (8) days advance notification and Respondent(s) have seven (7) days advance notification.

I (Print name) \_\_\_\_\_ hereby state that all information given above is accurate and is based on my first hand knowledge of the violation that this complaint is being filed upon. I realize that filing this complaint means that I will be required to attend any review and appellate hearing concerning this complaint.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SEND:** The completed and signed form, supporting materials and the names of witnesses you will present at the review hearing.

**MAIL TO:** USA Volleyball - Iowa Region  
Attn: Regional Commissioner  
4600 Park Ave. Suite 201  
Des Moines, IA 50321-1237