



# WESTSIDE CONNECTION

*MISSION: PROVIDING OPPORTUNITY: SHAPING FUTURES*

## Coaching for Success

At Westside Connection, we are working diligently to fulfill our mission, and to realize our vision, but our continued success depends on your experience with our program. Westside Connection aims to offer a positive experience for every one of our student athletes, parents, spectators and coaches. If you have an experience that you feel is not fulfilling our mission, or if you have a suggestion for improvement, we ask that you please bring it our attention, and share your ideas.

Before an issue is brought to anyone we ask that you complete this form and observe the 24 hours rule. This tool is meant to help you organize your thoughts and record the facts. You will then turn it into a committee member. If you feel the issue is in any way jeopardizing the safety or well-being of anyone, please contact us immediately by calling: Charlie Silvas at 712-253-0319. If you are requesting a meeting please expect to be contacted within 24 hours of the appropriate parties receiving this completed form.

If you are just looking to make suggestions you can email this completed form to [westside.charlie.president@gmail.com](mailto:westside.charlie.president@gmail.com) or give it to one of our board members for review.

### To Report an Incident, Observation, or Offer Suggestions

|   |   |   |
|---|---|---|
| <b>Please List any and all parties involved along with their role(coach, player, parent, spectator)</b>   |   |   |
| <b>Type of Incident/Observation:</b><br><input type="checkbox"/> Injury<br><input type="checkbox"/> Conflict<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Suggestion<br><input type="checkbox"/> Other _____ | <b>Incident/Observation Occurred During:</b><br><input type="checkbox"/> Practice<br><input type="checkbox"/> Game<br><input type="checkbox"/> Tournament<br><input type="checkbox"/> Skills Camp<br><input type="checkbox"/> Other _____ | <b>Date, time and location of Incident:</b> |
| <b>Please Explain and offer your suggestions:</b>   |   |   |
| <input type="checkbox"/> I would like to schedule a meeting   | <b>The best time/days to schedule a meeting with me:</b>  |   |
| <b>Your Name:</b>   |   | <b>Best Way to Contact You:</b>             |
| <b>Date and Time meeting was completed:</b>   | <b>Signature of all parties involved in meeting:</b>  |   |