

JKYSC

Jefferson Kiwanis Youth Soccer Club

Quality Improvement Reporting Form

Date: ___/___/___

Name: _____

Parent's name if minor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Incident to report (check one):

____ Recommendation

____ Complaint

____ Injury, Was medical treatment needed? No ___ Yes ___ Where/by whom? _____

Was someone within JKYSC notified when the incident occurred? No ___ Yes ___ Who? _____

Explanation/Details:

Please send this form to: (attached additional sheet if necessary)

Regular mail:
JKYSC Quality Improvement Committee
c/o Aldo Cristante, Chairman
232 Cara Place.
Wintersville, OH 43953
Phone: (740) 282-1787 Mobile: (740) 632-1835

Email: acrisante@me.com