

Member Complaint Form

Game (Home Team)		vs. (Away Team)	
Another Event (Please Descr	ibe):		
Location:		Incident Date	e:
The Incident Occurred:	Before the Gam During the 1st H At the Half	lalf Aft	ter the Game her:(Specify)
The Incident was directed at: If the names of the person(s player, coach, referee, manage		Ma Re Otl	ach anager feree her: (Specify) de below. Indicate if they are a
NAME	POSITION	N/ JERSEY NO.	OSA REGISTRANT NO.
Personal Identification:			
Mr./ Mrs./ Ms	Т	eam Affiliation:	
Address:		-Mail Address: ell Phone:	
(Municipal Address,		lome Phone:	
Will you act as a witness, if a	ny disciplinary pr	oceedings are init	iated? Yes No
Signature of Complainant	D	ate:	
Received:Staff Name	Si		

DESCRIPTION OF INCIDENT
Please indicate what happened, who was involved, where and when the incident occurred, what was said, who said what, to whom they were speaking, who did what, what sequence of events occurred and the names of any witnesses. Please identify people by name, position, and jersey number, if possible. Use descriptive nouns, adverbs, adjectives and accurate quotations (including any specific foul or abusive language) to describe the incident. Please refrain from describing personal opinions regarding officiating decisions since such decisions are not reviewable by the Club or by any Disciplinary Panel.

Please attach additional page(s) if required: