



**COMPLAINT FORM**

**DATE OF OCCURRENCE:** \_\_\_\_\_ **PLAYING VENUE:** \_\_\_\_\_

**YOUR TEAM:** \_\_\_\_\_ **OPPOSING TEAM:** \_\_\_\_\_

**TYPE OF COMPLAINT**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> DART BOARD CONDITIONS | <input type="checkbox"/> LIGHTING CONDITIONS | <input type="checkbox"/> CHALKBOARD           |
| <input type="checkbox"/> SERVERS               | <input type="checkbox"/> WASHROOMS           | <input type="checkbox"/> SEATING              |
| <input type="checkbox"/> BAR MUSIC             | <input type="checkbox"/> NOISE LEVEL         | <input type="checkbox"/> SPECTATORS           |
| <input type="checkbox"/> HOME TEAM             | <input type="checkbox"/> VISITING TEAM       | <input type="checkbox"/> SPORTSMANSHIP        |
| <input type="checkbox"/> INTOXICATION          | <input type="checkbox"/> LANGUAGE            | <input type="checkbox"/> OTHER (IE. FIGHTING) |

**DESCRIPTION OF COMPLAINT**

Please give as much detail as possible. Print all names, dates and times.

\_\_\_\_\_

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**Home Team Captains Signature**  
(OPTIONAL)

\_\_\_\_\_

**Visiting Team Captains Signature**  
(OPTIONAL)

\_\_\_\_\_

**Witness Signature**

\_\_\_\_\_

**Witness Signature**

\_\_\_\_\_

**\*\*ALL COMPLAINTS MUST BE RECEIVED WITHIN SEVEN (7) DAYS OF THE  
FROM THE DAY OF THE VIOLATION\*\***  
**\*\*\*NO EXCEPTIONS WILL BE ALLOWED\*\*\***

This form must be addressed to the League Secretary and may be dropped in the League Drop Box inside the Victory Legion or mailed to 307-1582 Ernest Avenue London, ON N6E 2S4. Please phone 519-719-7010 and state that a complaint has been logged. Any complaint not handled in this manner will be considered improper and no further action will be taken by the Executive Board.

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**LEAGUE USE ONLY**

**Date received:** \_\_\_\_\_