



The London and District Men's Dart League



COMPLAINT FORM

DATE OF OCCURRENCE: _____ PLAYING VENUE: _____

YOUR TEAM: _____ OPPOSING TEAM: _____

TYPE OF COMPLAINT

____ DART BOARD CONDITIONS	____ LIGHTING CONDITIONS	____ CHALKBOARD
____ SERVERS	____ WASHROOMS	____ SEATING
____ BAR MUSIC	____ NOISE LEVEL	____ SPECTATORS
____ HOME TEAM	____ VISITING TEAM	____ SPORTSMANSHIP
____ INTOXICATION	____ LANGUAGE	____ OTHER (IE. FIGHTING)

DESCRIPTION OF COMPLAINT

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

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 emailed to the Secretary (secretary@ldmdl.ca), dropped in the League Drop Box inside the Victory Legion or mailed to 7 Magee Street London, ON N5W 1C5. Please phone 519-868-1886 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.

LEAGUE USE ONLY

Date received: _____