



The London and District Men's Dart League



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 (FIGHTING)

DESCRIPTION OF COMPLAINT

Please give as much detail as possible. Print all names, dates, and times. (use second page if required)

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 or dropped in the League Drop Box inside the Canadian Corps.

Please email, text, or phone the League Secretary 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: _____

[illegible]