

## HEO District 4/LCMHL OFFICIATING COMPLAINT FORM

- Please complete as much detail on this form so that we can properly address and follow up any compliments, issues or concerns, and ensure the compliment or complaint is directed to the proper administrators and officials. If further details are required or additional documents are included, please note this in the
- comments section and attach them with your email.
- Responses will only be given to complaints received via this form at least 24 hours and no more than 72 hours after the incident. Any correspondence received not using this form or from any individual aside from an association president, will not be addressed.

Send this form VIA EMAIL TO your association president who will relay on to the Da Referee-in-Chief for further follow up if required.

NOTE: Presidents may refuse to forward a complaint if they determine it is disrespectful in nature.

GameInformation:									
DAY	DAY MTH YEA		₹	GAMELOCATION - ARENA			GAME START TIM	IF.	
Age /Level of Game Information:									
MINOR/N				AGE DIVISION	GAME LEVEL		OTHER INFO-IDE	NTIFY EVENT OR TOUR	NAMENT
Teams									
TEAMS	COL	OUR.	IEA	MNAME		SCORING Home	FINAL SCORE	PENALTIES Home	Total No. of PENALTIES
						Score		Penalties	
VIS								Visitor Penalties	
Official:	s Worl	kina Th	is Ga	ame:		Score		1 Chartes	
DEFENDE —									
IXL	REFEREE							HC No	
								HC No.	
LIN	ESMA	$\square$							
								LIC No.	
LINESMAN								HC No	
Compla	inee (	ontac	t Info	ormation:					
NAME									
	ADDRESS								
Phone	Phone HM				Email Hm				
	Phone WK				Email Wk				
Position/Capacity					·				
at Gar	ne								
COMPLAINT DETAILS:  Include ALL RELEVANT INFORMATION regarding the complaint as possible be sure to note where applicable:  a) ALL events that may have led up to any specific incident(s), AND ALL events which may have occurred after the incident(s) A  b) DETAILED, CLEAR & CONCISE EXPLANATION of the incident so that a person not at the game would understand! Note and  c) highlight the specific question or issue you would like addressed  d) use additional sheet if needed									
SIGNATURE					NAME			PHONE #	

## COMPLAINT DETAILS ADDITIONAL SPACE:

