HEO District 4/LCMHL
OFFICIATING COMPLIMENT 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.

Game Information:

DAY	MTH	YEAR		
DATE OF GAME		GAME LOCATION – ARENA	GAME START TIME	

Age/Level ofGame Information:

MINOR/MAJOR AGE Group	AGE DIVISION	GAME LEVEL	OTHER INFO–IDENTIFY EVENT OR TOURNAMENT

Teams Playing Information:

TEAMS	COLOUR	TEAM NAME		End Score	No. of Penalties	Did the team have fun playing
HM						
VIS						

Officials Working This Game

REFEREE ☐		HC No.	
LINESMAN ☐		HC No.	
LINESMAN ☐		HC No.	

Contact Information:

NAME			
ADDRESS			
Phone HM		Email Hm	
Phone WK		Email Wk	
Position/Capacity at Game			

COMPLIMENT DETAILS:

What did the official(s) do well in this game?
What prompted you to submit this form?
Identify if it was the referee, linespersons, 2-official system or if the compliment is directed to the whole crew

SIGNATURE		**NA**		**PHONE #**	

COMPLIMENT DETAILS ADDITIONAL SPACE:

Email this form to District 4 RIC:
ric@district4.ca