



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 of Game Information:

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

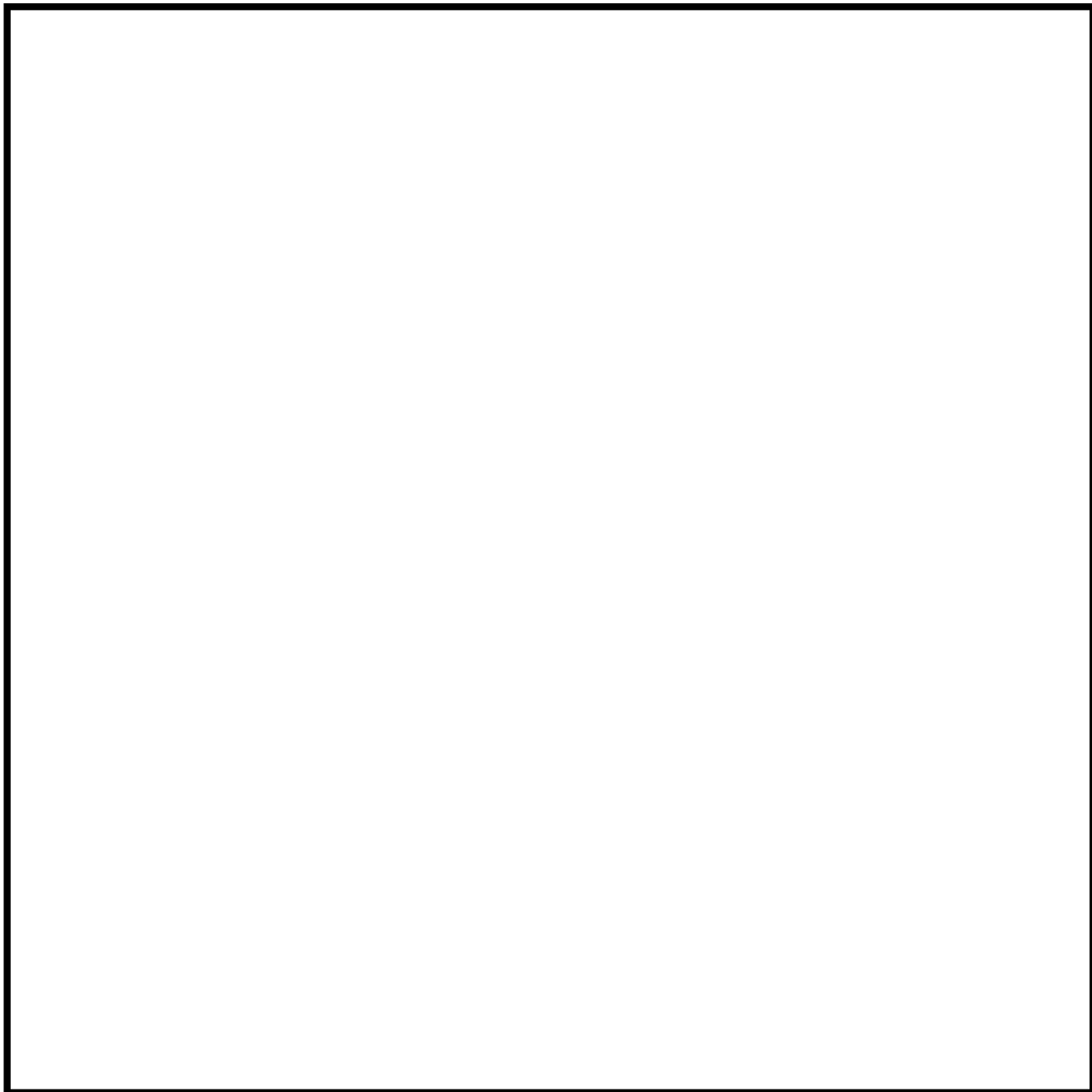
What prompted you to submit this form?

Identify if it was the referee, linespersons, 2-official system or if the compliment is directed to the whole crew

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SIGNATURE		NAME		PHONE #	
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COMPLIMENT DETAILS ADDITIONAL SPACE:

A large, empty rectangular box with a black border, intended for providing details of a compliment.

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