



COMPLAINT FORM

Date of Incident: _____

Time of Incident: _____

Home Team: _____

Visiting Team: _____

Home Team Coach: _____

Visiting Team Coach: _____

Umpire: _____

1. Did the incident occur before, during, or after the game? _____
2. Did the incident/conduct involve an:

Fan	Yes	No	Name if known: _____
Coach	Yes	No	Name if known: _____
Umpire	Yes	No	Name if known: _____
Player	Yes	No	Name if known: _____
Parent	Yes	No	Name if known: _____
Board Member	Yes	No	Name if known: _____

3. How many players witnessed the incident? _____
4. Does your complaint involve a general "non-game" issue? Yes No

Please provide a description of your complaint or of what occurred:

Signed: _____

Date: _____

Print Name: _____

Phone: _____

Please give this completed form to the Board Member on Duty at the Fields or hand deliver it to the Babe Best Snackbar. Your complaint will be reviewed and addressed by the RLLL Board of Directors and you will be contacted to follow up if needed.