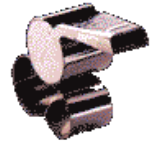




District 9 Referee

COMPLIMENT & 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 D9 Referee-in-Chief for further follow up if required.**

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	SCORING	FINAL SCORE	PENALTIES	Total # PENALTIES
HM			Home Score		Home Penalties	
VIS			Visitor Score		Visitor Penalties	

Officials Working This Game:

REFEREE <input type="checkbox"/>		ODHA #	
LINESMAN <input type="checkbox"/>		ODHA #	
LINESMAN <input type="checkbox"/>		ODHA #	

Complimenter or Complainees Contact Information:

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

COMPLIMENT or COMPLAINT DETAILS:

Include ALL RELEVANT INFORMATION regarding the compliment or complaint as possible... be sure to note where applicable:

- ALL events that may have led up to any specific incident(s), AND ALL events which may have occurred after the incident(s)
- A DETAILED, CLEAR & CONCISE EXPLANATION of the incident so that a person not at the game would understand!
- Note and highlight the specific question or issue you would like addressed

ADMINISTRATOR - Comments & Information:

COMMENTS	
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SIGNATURE		NAME		PHONE #	
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