



# Complaint Form

## Rapid City Soft – Tip Dart League

**DATE** \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

**TEAM CAPTAIN** \_\_\_\_\_

**OPPOSING TEAM NAME** \_\_\_\_\_

**OPPOSING TEAM CAPTAIN** \_\_\_\_\_

**NAME OF PERSON FILING COMPLAINT** \_\_\_\_\_

**EMAIL OR PHONE NUMBER (FOR FOLLOW UP)** \_\_\_\_\_

Reason for Complaint:

Action you would like to see taken:

*\*\*This is not a Protest Form. If you are protesting a match you must use the Protest Form.\*\**