

# WPSL COMPLAINT FORM

Team filing complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Subject of complaint (who or what): \_\_\_\_\_

Date of complaint occurrence: \_\_\_\_\_

By-Law or Law that pertains to complaint: \_\_\_\_\_

Nature of complaint (use additional sheets if necessary): \_\_\_\_\_

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Proposed resolution of complaint (use additional sheets if necessary): \_\_\_\_\_

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Contact Information (phone #, email address): \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Signature of Team Representative

\_\_\_\_\_   
Print Name