

North West Football League of Tasmania Inc

COMPLAINT/INVESTIGATION FORM

Date: _____ Round: _____ Grade _____

Match: _____ v _____ Ground: _____

Players Number: _____ Players Name: _____ Club: _____

Quarter Incident Occurred: _____ Time of Quarter: _____

Describe Incident/Complaint: _____

Witness(es): Name _____ Contact Details: _____

“ _____ “ “ _____

Fee \$ _____ Paid / /

Copy of Form Sent to Opposition Club: Yes/ No (State reason if No) _____

Form Completed by: _____ Club Position: _____ Date: / /