



Complaint Form

The League Office appreciates and values your input. In order to address any concerns you may have, please complete as much of this form as possible. The League Office will review your concerns and respond in a timely manner.

From Captain/Player Name _____ **Team** _____

Against _____ **Team** _____

Date of play _____ **Problem occurred during match:** 1 2 3 4 5 All

- **Handicap Complaint:** (Check all that apply)
 Sandbagging Coaching Player to Cheat Improper Scorekeeping Other

- **Sportsmanship:** (Check all that apply)
 Argued Good-Hit/Bad Hits Argued about rules Slow Playing
 Throwing/ Banging Cue Stick Illegal Coaching Name Calling
 Complained about Skill Levels Hovered over table Sharking
 Complained about Scorekeeping Foul Language Other
 Intentionally Standing In Shooters Line Of Sight

- **Rules Violation:** (Check all that apply)
 Played under a False Name Intentional Forfeiting Illegal Coaching

Explain

Your Name _____ **Phone** _____

Email _____ **Best Time to Call** _____

Signature _____ **Date** _____

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