

KEYSTONE STATE MIDGET FOOTBALL LEAGUE, INC.
PROTEST / COMPLAINT FORM

REVISED 08/11

NOTE: THIS FORM IS TO BE USED PER ARTICLE XI SECTION 1 OF THE KSL PLAYING RULES ALL PROTESTS MUST BE PHONED IN TO THE COMMISSIONER WITHIN 3 DAYS OF THE INCIDENT FOLLOWED BY A WRITTEN REPORT FILED WITHIN 7 DAYS OF THE INCIDENT (ARTICLE XI SECTION 4)

ALL PROTESTS AND COMPLAINTS MUST BE ACCOMPANIED BY A \$50.00 FEE

REPORT DATE: _____ HOME CLUB: _____
INCIDENT REPORT: _____ VISITING CLUB: _____
CLUB SUBMITTING REPORT: _____ WEIGHT CLASS: _____
QUARTER IN WHICH INCIDENT OCCURRED: _____ TIME IN QUARTER: _____
NAME OF KSL REP/ALTERNATE SUBMITTING REPORT: _____

FOR KSL USE ONLY:

PROTEST/COMPLAINT NO: _____ DATE RECEIVED: _____
CLUBS NOTIFIED ON: _____ HEARING DATE: _____

WERE THERE ANY PENALTIES LEVIED AS A RESULT OF THE INCIDENT? _____
IF YES PLEASE FILL IN THE FOLLOWING:

<u>TYPE OF PENALTY</u>	<u>CLUB</u>	<u>PLAYER/COACH NAME</u>	<u>EJECTED?</u>

PLEASE FILL IN THE SPECIFIC VIOLATION OF THE KSL PLAYING RULE(S):

STATE WHAT HAPPENED, BE SPECIFIC: _____

USE ADDITIONAL SHEETS IF NECESSARY

SIGNATURE OF REP/ALTERNATE: _____