

# Formal Complaint/Appeal Form



Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Reason for Complaint/Appeal:

Supporting Facts:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Forward this completed form to [mike@brookslacrosse.ca](mailto:mike@brookslacrosse.ca) AND [president@brookslacrosse.ca](mailto:president@brookslacrosse.ca). You will be contacted either by the President or the Vice President requesting the non-refundable fee of \$100 to proceed with the appeal process.