



UTLL COMPLAINT FORM

Date of Incident: _____ Time of Incident: _____

Visiting Team: _____ Home Team: _____

Umpires: _____

Filed By: _____

Witnesses: _____

1. Was there any Physical Abuse? Yes No
2. Did this involve a single player? Yes No
3. Was the player embarrassed or upset by this action? Yes No
4. Did it involve an Umpire? Yes No
5. Did the incident involve a Parent? Yes No
 - a. Was the incident directed at his/her son or daughter? Yes No
6. Did the incident involve a fan? Yes No
7. Was there any foul Language and/or Gestures used? Yes No
8. Number of Players witnessing the Incident? _____
9. Did the Incident occur during the game? Yes No
10. Did it cause a delay of game? Yes No

Please provide a brief outline of the specifics of this incident:

Signed: _____

Date: _____

Printed Name, address and Contact Information: